



Warwickshire County Council.

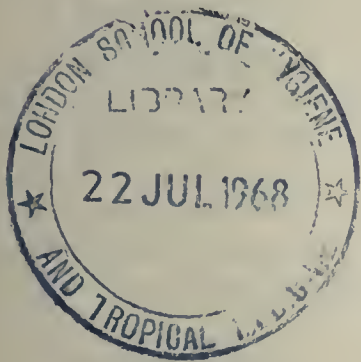
ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1965



CONTENTS.

	PAGES
Accidental Deaths and Suicide	36
Ambulance Service	13, 14, 30, 61
Antenatal Clinics	45
Antenatal and Postnatal Hostel	9
B.C.G. Vaccination	54
Birth Rates, Legitimate and Illegitimate	3, 18, 19, 20, 34, 35, 37, 38, 39
Boundary Changes	1, 2
Cancer	4, 21, 22, 23, 35
Care and After-Care Loan Scheme	6, 7, 55
Causes of Death	3, 36
Child Welfare Clinics	7, 8, 40, 41, 42
Chiropody	10, 58
Clean Air	16, 17
Congenital Malformations	5, 6, 39
Convalescence	56
Coronary Disease and Angina	4, 36
County Health Services—Brief Details	64, 65, 66
Death Rates	3, 21, 22, 23, 34, 35, 37, 38
Deaths of Children 1—5 years	3, 36
Dental Treatment for Expectant and Nursing Mothers and Pre-School Children	10, 45
Diphtheria and Diphtheria Immunisation	4, 26, 48
Domiciliary Births	6, 18, 43
Fluoridation of Domestic Water Supplies	15
Food and Drugs Act, 1955	62
Health Education	14, 15
Health Visiting	7, 44
Home Help Scheme	9, 10, 29, 56, 57
Home Nursing	6, 43, 55
Illegitimate Child and its Mother	9, 44
Infant Mortality	34, 35, 37, 38, 39
Infectious Diseases	4, 5, 47
Lung Cancer	21, 22, 23, 36
Mass Radiography	5, 53
Maternal Mortality	34, 35, 38
Measles	27, 47
Mental Health	10, 11, 12, 13, 59, 60
Midwifery	6, 43
Milk and Dairies Administration	16, 62, 63
Milk in Schools Scheme	16, 62
National Insurance—New Claims for sickness benefit	58
Neo-Natal Deaths	37, 39
Night “Sitter-up” Service	58
Nurseries and Child Minders’ Regulation Act, 1948	89
Nursing and Maternity Homes (Registration)	46
Nursing Services	6, 7, 43, 46
Ophthalmia Neonatorum	47
Perinatal Mortality	37, 38
Poliomyelitis and Poliomyelitis Vaccination	4, 25, 49
Population	3, 34
Postnatal Clinics	45
Premature Births	38
Preparation for Motherhood Classes	42
Road Traffic Act, 1960	13
Smallpox and Smallpox Vaccination	4, 25, 50
Staff	31, 32, 33
Stillbirths	34, 35, 37, 38, 39
Tetanus and Tetanus Immunisation	4, 49
Tuberculosis—Pulmonary	5, 28, 35, 51, 52
—Non-pulmonary	52
—After-Care	54
Typhoid and Paratyphoid	4
Venereal Diseases	4, 50
Whooping Cough and Whooping Cough Immunisation	4, 24, 26, 48

OFFICE OF THE COUNTY MEDICAL OFFICER OF HEALTH,
COUNTY HEALTH DEPARTMENT,
SHIRE HALL,
WARWICK.

(Telephone : Warwick 43431).

To the Warwickshire County Council.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to report on the health of the County for the year 1965.

The report relates, of course, to the work of the former County Medical Officer of Health—Dr. S. W. SAVAGE—who held the office for nearly twenty years, although I accept responsibility for conclusions drawn from the figures and any other comments.

On behalf of Dr. SAVAGE I would like to thank the staff of the Department for their loyal support under conditions which have often been extremely difficult. During his twenty years' service, the Department has never been housed as one unit until December, 1965, when this became possible by the building of the new office block at Shire Hall. The staff have responded admirably to the inconvenience which resulted from sections of the Department being some distance from each other, the period of over three years in Lakin Road, and the actual moves involved.

Ministry of Health Circular 1/66 requested that Annual Reports should make special reference to Health Education, Chiropody, Congenital Defects apparent at Birth, Provision of Incontinence Pads and their Disposal, Fluoridation of Water Supplies, and the Development of the Mental Health Services. In my observations on these problems, I have tried to be as objective as possible but, as will be seen, I have pin-pointed certain very serious problems that are undoubtedly occurring in the County, in the hope that they may be appreciated in time for some solution to be found.

There is a tendency to think that an Annual Report is produced only by one or two senior officers at headquarters but this is far from true. Without the work done in the various sections of the Department as well as in the Boroughs and Areas, none of it would be possible and I should like to thank the Borough and Area Medical Officers for their loyalty and co-operation, and their staffs as well as my own for their valuable service. I should also like to take the opportunity of welcoming Dr. C. M. D. EDMONDS who was appointed to succeed me as Deputy County Medical Officer of Health.

Recent Boundary Changes.

A map (first published in the Annual Report for 1963) is amended to show major boundary changes in 1964 and 1965.

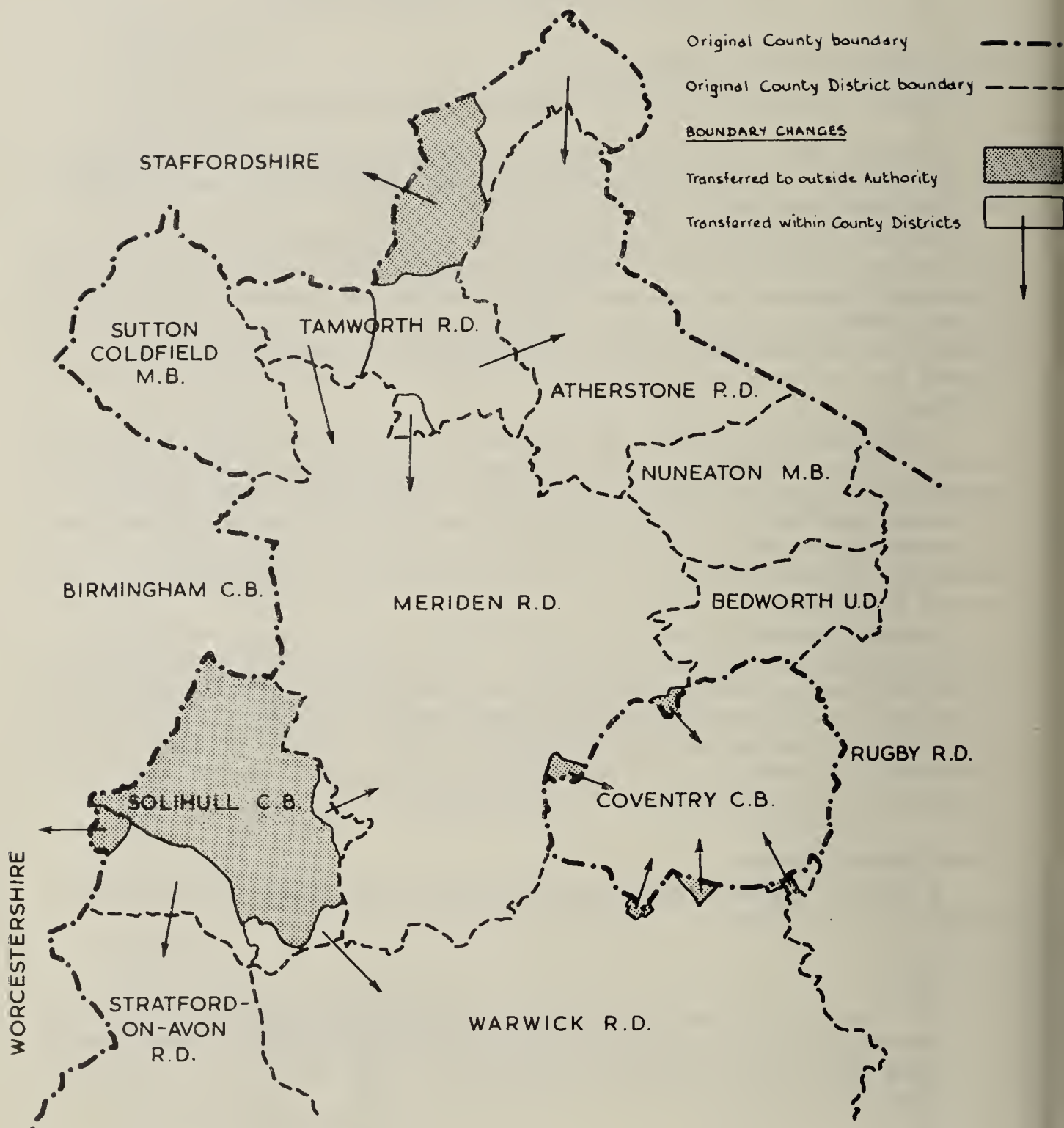
1964

Attainment of County Borough status by Solihull, with boundary changes involving transfer of population from former Solihull Borough to Meriden Rural District, Warwick Rural District and Stratford-on-Avon Rural District and a small transfer to Worcestershire.

1965

- (1) Division of Tamworth Rural District between Atherstone Rural District, Meriden Rural District and Staffordshire.
- (2) Small expansion of Coventry at expense of Meriden Rural District, Rugby Rural District, Warwick Rural District.

MAJOR BOUNDARY CHANGES



1964 & 1965

WARWICKSHIRE COUNTY COUNCIL.



*With the Compliments of the
County Medical Officer of Health
and Principal School Medical Officer.*

COUNTY HEALTH DEPARTMENT,
SHIRE HALL,
WARWICK.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30238134>

- (3) Minor boundary changes—small losses of Stratford-on-Avon Rural District to Redditch or Evesham.

The net effects of these have been :—

	Mid 1963.	Mid 1965.
Acreage	558,710	538,996
Population	647,120	545,250 (including natural increase of approximately 10,000).

Thus approximately 20,000 acres and 100,000 people were transferred.

Vital Statistics. (Diagrams Pages 18, 19 & 20, Tables 1, 2 & 4-11).

(Mid 1965 population 552,040. Administrative County 538,996 acres).

Live Births : 10,657. Birth rate 18.53 per 1,000 population. This is significantly slightly less than last year (18.58) reflecting the national trend.

Illegitimate live births : 6.06% of total live births England and Wales.

Stillbirths : 154. Rate is 14.2 per 1,000 total births. This is slightly higher than last year (13.8) but this difference is not statistically significant.

Infant Deaths : 158. Rate 14.8 (14.3 legitimate and 23.2 illegitimate) per 1,000 live births. Last year 17.1—possibly an improvement but of borderline significance as a single comparison. Illegitimate death rate is very unreliable as numbers of illegitimate deaths are small.

Neonatal mortality rate : 10.0 per 1,000 live births—also no longer a very reliable comparative measure (106 neonatal deaths in 1965).

Perinatal mortality rate : 23.2 stillbirths + deaths 0—6 days per 1,000 total births. (England and Wales 1965—26.9. Warwickshire 1964—25.0). Difference County—England and Wales probably significant. Difference county 1965—county 1964 probably not.

Maternal Mortality : 2 deaths in 1965 (1) Normal pregnancy and delivery, puerperal phlebothrombosis — fatal pulmonary embolism, (2) Post-partum eclampsia — intra-cerebral haemorrhage. Maternal Mortality Rate 0.18 per 1,000 total births (England and Wales 0.25). The number of deaths in each individual county are now so few as to render the Maternal Mortality Rate of little value as a comparative index.

Owing to the transfer of population from Tamworth Rural District to Staffordshire, and the Registrar General's requirement that this population shall remain in Warwickshire's statistics for a quarter of the year, certain discrepancies in the figures are inevitable, and comparison with past years will not be precise.

Causes of Death in Warwickshire, 1965. (Diagrams Pages 21, 22, 23, Table 3).

The following are the commonest causes of death at various ages :—

Babies under four weeks. (Tables 5, 7 & 10)

Congenital disorders
Prematurity
Asphyxia/atelectasis
Birth Injury
Respiratory Infection

Infants 29 days—1 year. (Tables 1, 2, 5, 7 & 11).

Congenital disorders
Respiratory and other infections
Accident and misadventure

Children 1—4 years

Congenital disorders
Accidents

Children 5—15 years

Accidents

<i>Adults</i> 15—24 years	—	Accidents
25—34	—	Accidents, Malignant Disease
35—44	—	Accidents and Suicides, Cardiovascular Disease, Malignant Disease
45—54	..	Cardiovascular Disease, Malignant Disease
55—64	..	Cardiovascular Disease, Malignant Disease, Bronchitis
65+	..	Cardiovascular Disease, Malignant Disease, Bronchitis/ Pneumonia

The death rates from various diseases show very little change during the year. There is a decrease in deaths from respiratory tuberculosis and in malignant disease of the bronchus and uterus. These decreases are not statistically significant, although if they continued for another two or three years they would indicate a favourable trend.

Infectious Diseases. (Table 23).

General.

In Warwickshire, deaths from measles, non-respiratory tuberculosis and syphilis correspond very closely with the national rates but the death rate from pulmonary tuberculosis is low this year—being only six. The figures are too small to make any accurate observation. However, if this pleasing trend continues it will probably be significant.

During the year there were no serious outbreaks of infectious disease that warrant special comment. There were, however, five cases of paratyphoid. Four persons contracted the illness on holiday, all from the same source (infected milk) and one was an isolated case of unknown origin. One chronic typhoid carrier was found in Rugby.

Venereal Diseases. (Table 29).

The incidence in Warwickshire is low. The numbers are so few that variations from year to year must be expected and cannot be considered significant.

Vaccination against Infectious Diseases.

The word “vaccination” is used in this section in its immunological sense, i.e. covering all immunising procedures.

(1) *Diphtheria/Whooping Cough/Tetanus.* (Diagrams Page 26, Tables 24, 25 & 26).

Almost all the children vaccinated in the County now receive a triple vaccine. By the end of the year about eighty per cent of all the children born in the previous year had been vaccinated in this way. This is an excellent figure, and reflects the very good work done in the clinics by Assistant Medical Officers, General Practitioners and Health Visitors.

(2) *Poliomyelitis.* (Diagram Page 25, Table 27).

Most of the vaccination against this disease is given by means of oral vaccine, and again over eighty per cent of schoolchildren not only received the initial vaccination but also one booster dose. It should be appreciated, however, that it is only by means of high figures such as these that the disease can be held in abeyance.

(3) *Smallpox.* (Diagram Page 25, Table 28).

About fifty per cent of schoolchildren in the County have been vaccinated at least once during their lifetime. There were slightly fewer primary vaccinations, but it is likely that this figure will be very much higher next year owing to the outbreak of a mild form of this disease in the country and the necessity for vaccination of those taking foreign holidays.

One method of maintaining a high level of vaccination would be to insist on up-to-date vaccination certificates at Passport Controls.

(4) *Vaccination against Typhoid Fever and allied Conditions.*

It might be wise for evidence of this vaccination procedure also to be necessary at Passport Controls. If this were done, a considerable proportion of the population would become immune and this would reduce the risk of typhoid outbreaks in this country which, in recent years, have been quite alarming and extremely expensive.

At high-level discussions on Civil Defence, this particular infectious disease receives great attention in view of its probable incidence following an atomic bomb. If most of the population were kept at a high level of immunisation, this aspect of the result of atomic warfare would be greatly simplified.

Tuberculosis. (Diagram Page 28, Tables 30, 31 & 32).

Ten years ago, and subsequently, there was a rather dramatic change in the number of new notifications of this disease. We now seem to have reached a plateau, where the few remaining cases may be very difficult to eradicate.

The Medical Officers of Health in cities where there is a very large immigrant population are in a better position to keep a check on whether this condition is more rife amongst immigrants than amongst British people. The immigrant population in the County is not sufficiently large to make an assessment of this without the risk of reaching a misleading conclusion.

Mass Radiography. (Table 33).

Table 33 shows the work done for Warwickshire by the Mass Radiography Unit—which represents 37% of its total work.

Of the 53,510 persons examined, 60 cases of tuberculosis were discovered, 32 of them being inactive and requiring only supervision, and the remaining 28 needing close supervision and treatment.

The Mass Radiography Unit did, however, find 700 various other abnormalities although only 149 of them were not previously known.

From the following details of Asians who were examined, it will be seen that only two were found to have active tuberculosis :—

<i>Nationality.</i>	<i>No. examined.</i>	<i>Active Tuberculosis.</i>	<i>Rate per 1,000.</i>
Indian	859	Nil.	0
Pakistani	223	2	9
Other Asians	6	Nil.	0
Total	1,088	2	1.8

Congenital Malformations.

The Minister of Health has requested a report on congenital malformations apparent at birth.

These are notified mainly by midwives and sometimes by a paediatrician when the mother has been delivered in hospital. The classification of congenital malformations is in accordance with the Registrar General's index and a completed form for each case is forwarded to his office so that national statistics can be compiled. This measure in itself is very coarse, as the Registrar General's classifications are purely for statistical convenience and based largely on anatomical terms.

Congenital malformations may present many degrees of severity. Deaths attributable to these conditions are not recorded in this return, yet some malformations are so severe that although the child lives a short time the birth should really be regarded as a "delayed stillbirth." However, the returns when collated do indicate any unusual variation and act as a safeguard against misfortunes such as occurred a few years ago by mothers taking thalidomide. In some instances the enthusiasm of the officer recording congenital malformations overloads the return with trivialities.

The alleged incidence of malformations in England and Wales in 1964 was 18 per 1,000 total births. In Warwickshire, for 1965, it was 17. It would be better to give a more realistic total by excluding trivial conditions, and if this were done the figure for Warwickshire for 1965 would be 12 per 1,000 live births.

Babies born with congenital defects apparent at birth or within two weeks.

	1962	1963	1964	1965	4 years 1962-1965	
Stillborn	50	47	39	28	144	
Likely to be fatal at an early age or so severely handicapped as to require hospital care ..	67	81	59	44	251	
Moderate disability (i.e. special provision likely)	17	19	29	35	100	
" True " Total	134	147	127	107	495	= 12 per 1,000 total births
Trivial or easily corrected ..	24	39	82	45	190	
" False " Total	158	186	209	152	685	= 17 per 1,000 total births

Midwifery. (Diagram Page 18, Table 14).

During the year there were 10,610 births in the County. This was 565 less than the figure for the previous year. The decrease is accounted for by boundary changes but also reflects the trend that was prevalent in England and Wales. 43.3% (4,274) of these births were delivered at home by the midwives and general practitioners. The midwives also looked after 3,426 early discharge cases. More than a quarter of these were mothers and babies who had been discharged from hospital on or before the third day following confinement. Reference to the plan showing the relationship between domiciliary and institutional confinements indicates the increasing load which the domiciliary midwife is being called upon to take. Not only is she delivering 40% of the total births but is nursing and caring for more than half of the births that occur in hospital.

Very careful consideration is being given to a night rota system. This is in full operation in some towns but is more difficult to implement in rural areas—difficulty being experienced in providing cover every day for all hours of the day, and it appears that in future midwives will have to be more closely grouped to enable them to have appropriate relief.

Home Nursing and Nursing Equipment. (Tables 16 & 37).

Ministry of Health Circular 1/66 requests that special mention should be made of specific items of equipment used in nursing in the home. These two services have been grouped together because the equipment issued does indicate the load which is being placed on the district nurse.

During the year 75,000 incontinence pads were issued, as against 41,000 in 1964, and 18,000 in 1963. Reference to the Table giving details of after-care equipment shows that over 200 beds and 245 mattresses were loaned. Almost every one of these was loaned to a bed-ridden patient, and from the number of incontinence pads issued it can be seen how many of these patients are very real problems. The district nurse, even with new methods of treatment and of handling, has probably the hardest job of the whole of the domiciliary services. Tremendous credit must also be given to the relatives, who show such devotion in caring for the chronic sick in their own homes.

The burden of home nursing has been greatly increased by the inability of the Regional Hospital Board, through financial difficulties, to provide enough geriatric and chronic sick beds in hospitals. Between the hospital services and the domiciliary services there should be a very nice balance—and this at the moment is very heavily loaded against the County services.

A close link is developing between the district nurses and the general practitioners, and this will be an advantage to all the families who have nursing problems.

Although the issuing of vast quantities of incontinence pads has been a great help to patients and nurses in the home, the disposal of these articles is causing very considerable difficulties. Below is an indication of current methods of disposal which, in some instances, are very unsatisfactory.

<i>Area.</i>	<i>Town.</i>	<i>Rural.</i>
3 — <i>Eastern.</i>	Mostly burned in patients' homes. Where this cannot be done, district health inspector provides disposable bags and nurses and midwives inform him when these can be collected, and he arranges collection. Rugby Borough has a new gas-fired destructor in which this and other material is incinerated.	
4 — <i>North-Western.</i>	Burned—mostly in patients' homes.	Burned—mostly in patients' homes.
6 — <i>Central.</i>	Wrapped in newspaper and put in dustbins.	Burned in the garden.
7 — <i>Southern.</i>	Burned—a few wrapped in newspaper and put in dustbins.	Burned.
8 — <i>Atherstone and Bedworth.</i>	Burned—either in patients' firegrates or on a bonfire.	Burned—either in patients' firegrates or on a bonfire.

The problem will be aggravated even further owing to the increasing number of flats and small houses being built throughout the County, many of which have little or no gardens or solid fuel fires.

Health Visiting. (Table 17).

In Stratford-upon-Avon, the first combined building, housing all the County Council's health and social services in that area, has been provided. Here, for the first time, it will be possible to have a single filing system, containing the records of children of every category as well as of the elderly and handicapped. Like the general practitioner, and with him, the health visitor is in the field, helping and advising all the people, particularly the very young and the elderly. She will be there when minor social problems arise and able to deal with them herself. If such problems increase to an extent where more specific help is needed, for instance a family deserted by its father or a daughter unable to continue caring for an elderly parent, she will notify her Area Medical Officer so that he can seek the co-operation of appropriate officers of other departments who will take over the case until it reaches a stage when the problem has become stabilised.

Already a closer, and vitally important, co-ordination is gradually being developed between health visitors and general practitioners. The attendance of health visitors at general practitioners' surgeries has increased from 400 sessions in 1962 to nearly 2,000 in 1965. The greatest difficulty so far experienced is that most surgeries have insufficient accommodation for health visitors to see patients by herself, so that she can give valuable social advice and make her visiting more selective—calling in medical help when necessary. It is anticipated that this problem will be lessened by the increasing trend of linking practitioners' surgeries with local authority clinics.

The health visitors' invaluable work in the local authority clinics has already been referred to under immunising procedures.

Child Welfare Clinics. (Table 12).

Ninety-seven clinics were in operation throughout the County during 1965 (of which 18 are recently built clinics). No new clinics were opened. 1 clinic closed (Bramcote Camp). Five clinics were transferred to other Local Authorities—boundary changes.

Children seen at the 97 clinics remaining in Warwickshire :—

			1965.		1964.
0—1	..	..	8,321	..	8,146
1—2	..	..	8,128	..	7,872
2—5	..	..	10,357	..	9,840
			<hr/>		<hr/>
Total	..	..	26,806	..	25,858
			<hr/>		<hr/>

Proportion of babies born in 1965 attending clinic at least once in 1965 :

Sutton Coldfield	$\frac{1,318}{1,449}$	=	91%
Nuneaton	$\frac{906}{1,205}$	=	75%
Atherstone/Bedworth	$\frac{1,170}{1,412}$	=	83%
Eastern Area	$\frac{1,201}{1,544}$	=	78%
North-Western Area	$\frac{835}{1,232}$	=	68%
Central Area	$\frac{1,932}{2,444}$	=	79%
Southern Area	$\frac{957}{1,371}$	=	70%
Administrative County	$\frac{8,321}{10,657}$	=	78%

Nurseries and Child Minders Regulation Act, 1948.

It will be seen from the table below that the number of persons and premises registered under this Act has increased during the year by over eighty per cent. This is a very interesting development and is proving beneficial to young mothers. Most of the children catered for in these groups are between the ages of three and five. This is because of the restriction which is placed on registration. The standard being applied is as follows :—

The premises have to be adequate, with sufficient lavatory and washing facilities. A person with experience, either of her own family or with some training in handling groups of children, is granted a licence to care for eight children between three and five, or five children between one and three or three children under one. Permission has not been given for any mixing of these groups unless there is more than one adult to care for them. Persons who wish to run these establishments or groups, and to cater for the children for the whole day, must provide sufficient staff to get the meals, supervise the children and give toilet care.

A most interesting development is the play group, which is being formed by a number of mothers in villages and village halls and held on two or three mornings a week. Young mothers take it in turn to look after the children while the other mothers go out to work or do their shopping. A very successful play group has been operating in the Stratford Area to help the young actresses at the Theatre. An added advantage of these groups is that they bring the mothers together in a very useful way, and many of the health visitors have been able to see and talk to them.

All new registrations are visited by the Deputy County Medical Officer of Health and the Deputy Superintendent Nursing Officer, and regular subsequent visits are paid to see that the standards are being properly maintained.

I consider that the whole development has been most successful.

The number of persons and premises registered under the above Act increased by 82% during 1965, from 50 on 31st December 1964, to 91 on 31st December 1965 :—

	<i>No. of registrations.</i>	<i>No. of children.</i>
<i>Open all Day.</i>		
Child Minders in own homes	14	89
Child Minders in other premises	1	24
Child Minding in a factory crèche	1	10
Nursery School in own home	1	16
Nursery School in purpose built building ..	1	30
<i>Open for Half Days only.</i>		
Child Minders in own home	7	43
Nursery Schools in own home	13	175
Nursery Schools in homes where special structural alterations have been made	3	60
Nursery Schools in other premises	4	139
Play Groups in own home	27	210
Play Groups in other premises	19	354

Scheme for the Illegitimate Child and its Mother. (Table 18).

From a very unsuitable and inadequate building in Guild Street, which was used from war-time onwards, this hostel transferred to new, purpose-built premises, The Limes, in Stratford-upon-Avon. In the planning of this building, careful consideration was given to making it flexible so that the number of mothers resident during their pre-natal and post-natal periods could be varied.

The unit, under the direction of the Matron, has worked extremely well. It affords up-to-date facilities for this type of case, and because of its design it is possible to help the local maternity hospital, when under pressure, by accepting early discharges. The Social Worker and her Assistant have helped 366 mothers, but of these only 154 required ante-natal or post-natal arrangements—138 staying in The Limes and the remainder having arrangements made in the Roman Catholic Hostel at Bentley Heath or in other Welfare Homes.

There are some aspects of this work which are very rewarding. It has been possible to place grammar school girls or senior girls from high schools, who were about to take their 'O' and 'A' levels, in separate rooms in The Limes, and with the help given by the County Education Officer they have been guided in their studies and a surprising number have done extremely well in their examinations.

The illegitimate birth rate in the County still remains below that of the country as a whole. There is an interesting factor which becomes apparent in observing these figures—i.e. that of the 489 babies born, 244 were cared for in their own homes. In most instances, of course, this means that the girl's parents kept her at home and helped to care for the baby. 160 babies were adopted—a figure almost identical with the number requiring help with residential arrangements. Thus, the County's responsibility is still very much less than that borne by numerous willing families.

Home Help Service. (Diagram Page 29, Tables 39, 40, 41 & 42).

The tables for 1965 show very little change. There is an overall increase in the hours worked (9,600 as against 9,200) and the numbers helped (3,644 as against 3,535).

In order to assist some of the new recruits a scheme of In-service Training has been inaugurated, whereby they are accompanied by experienced staff during their first week's work. This is proving very successful in town areas, but the complications in country areas remain. Where it is possible to obtain home helps in villages, the elderly and chronic sick can be cared for at home, but if no such labour is available it is almost impossible to give assistance, since home helps are prevented from travelling out to these villages because of the lack of public transport. The use of a mobile team, operating from a vehicle, has been considered, but at the present time it is not felt that the cost would be justified.

During the year, the average working week for home helps was 16 hours, as against 18 for England and Wales. It does appear that most home helps are only willing to work for the County Council for this limited number of hours and that one factor which deters them from giving more time is that they would have to pay Income Tax at the full rate.

Chiropody Scheme. (Table 44).

Under the County Chiropody Scheme, treatment is available to persons of pensionable age, handicapped persons and expectant mothers. There are two methods of providing this :—

- (1) By the direct employment of chiropodists, payment being on a sessional basis or a per capita fee basis. Both payments are in accordance with the national scale, each patient paying a basic 2/6d. unless in receipt of National Assistance.
- (2) By reimbursement to the voluntary organisations which provide chiropody for pensioners and pay their chiropodists similar rates to those employed by the County Council.

In some areas it is more difficult to obtain chiropodists to undertake this work, and it is obvious that there is a national shortage. However, since 1965 the work has expanded—4,000 patients having been treated as against 3,400 and 14,400 actual treatments as against 11,700. The expansion is mainly due to the increase in work done by chiropodists directly employed. There has been little change in the work done by voluntary organisations.

Dental Treatment for Expectant and Nursing Mothers and Pre-School Children. (Tables 20 & 21).

The Principal School Dental Officer reports that a very wide variation continues to be apparent in the demand for treatment of expectant and nursing mothers in different areas of the County, the two areas of greatest demand being the Borough of Sutton Coldfield and the Central Area. Demand continues to be very low in Rugby and district and non-existent in the Atherstone and Bedworth Area.

The figures for the treatment of pre-school children do not show the same degree of variation, but again the Atherstone and Bedworth Area falls far behind the others. There is no apparent cause for these wide variations as similar facilities for treatment are available in all the areas.

The overall ratio of teeth filled to teeth extracted has improved once more and the number of pre-school children receiving treatment has also increased, though considerable improvement in this field is urgently necessary. All children should be presented for regular inspection and treatment where necessary from the age of two years. The initiative here must come from the parents until the children enter the primary schools, where in most areas a fairly regular inspection is now offered.

Mental Health. (Tables 46, 47, 48 & 49).

Subnormals.

These are the charming, simple people, who are born with a limited mental faculty or have had some damage which has resulted in this subsequently.

By the end of 1965, the County had five junior training centres, purpose-built, each with fifty places and having attached to it short-stay accommodation for twelve. The experimental stage in the use of this type of building was carried out first at Warwick and later at Rugby, and as a result it was decided to complete three more centres of exactly the same pattern. The present needs of the County will be met by these five centres, with the exception of the southern part, where one is required at Stratford-on-Avon.

The staff of the Warwick and Rugby Junior Training Centres, and in particular the Supervisors, have shown imagination and skill in the use of the building, and training has advanced to an unbelievable degree. Parents are using the short-stay accommodation with good sense, and a position has now been reached where it is hoped that every child over eleven years of age will stay in residence at least twice a term, and possibly also during the holiday period, in order to achieve a degree of independence which is so vital if it is ever to be able to undertake a job away from home.

There has been a very enthusiastic response by the parents to the formation of a Parent-Teacher Association which, together with local branches of the National Society for Mentally Handicapped Children in other areas, has given generous help. These organisations have provided outings and social amenities, all of which have been deeply appreciated by the staff and children. Further, the local Society in Rugby has bought a house in which a club has been inaugurated for the more senior children and adults.

At the opening of the Sutton Coldfield Junior Training Centre, it was very pleasing to feel that there had been a change in public opinion. Originally, largely due to misunderstanding there had been very considerable resistance to this centre, but it is now felt that the people in the neighbourhood, both in Sutton Coldfield and elsewhere, understand more clearly the work which is being done. An instance of this was also seen at Coleshill, where the Heads of nearby schools visited the Supervisor and her staff immediately upon their arrival to welcome them and offer every assistance.

It is not possible to estimate the exact effect that progressive, advanced training will have on this class of child, but it is hoped that some twenty to thirty per cent of them will, after ten years' training, be capable of undertaking simple jobs in the community—always provided that the high standard of employment in the area is maintained.

Very devoted work was done under very poor conditions in the County in the past. The Centres for these children were held in simple halls and later in converted buildings, and although the children were mixed with adults good results were obtained. Many of the jobs which they used to undertake have now disappeared. For instance, they were employed on farms, but since farming is no longer an occupation to which a man might retire but an industry so competitive and mechanised that a man retires from it, it has become an unsuitable form of employment for those who leave the training centres.

With these new facilities for the mentally subnormal, it is hoped that the call on hospitals for short-stay accommodation will be minimal. It must be appreciated, however, that the problems with which this type of hospital is now faced are much more difficult. Instead of having a cross-section of mentally handicapped children of this category they have only those who are very severely handicapped, not only mentally but often physically and consequently require much more intensive nursing, and staffing of a very much higher standard. Sympathy must be felt with the Regional Hospital Board, who, although they have made efforts to provide new accommodation, find it extremely difficult to recruit suitable staff.

When these children reach the age of sixteen, one of the following courses is adopted for them. If they have responded satisfactorily to the training, simple jobs are found for them and they earn a living just as other people do, usually residing at home. A special visitor or a Mental Welfare Officer maintains regular contact with them, since they do at times experience difficulties and need support. If they have been unable to respond to this extent, they go to an adult training centre, usually living at home.

A new adult training centre was opened in Warwick in the early part of the year, to replace one formerly held in converted premises. Further training, in adult centres, enables another group to be tried out in jobs. Most have succeeded, and the sympathetic handling of the Supervisor has enabled others to persevere until eventually they have become settled and are in regular employment.

Sometimes the young mentally handicapped lose their parents. If they are under sixteen they are cared for by the Children's Committee and continue to attend the Junior Training Centres. The Children's Officer has been greatly helped on many occasions by the short-stay accommodation. Were this facility not available, these children would have to be admitted to hospital, as it is unlikely that the Children's Officer would be able to find foster homes or places in Children's Homes at short notice. If they are older, there is a hostel in Warwick where twenty-one can live permanently. Since the opening of this hostel, a search has been made for suitable cases who might have been put into hospital because they had no relative to care for them. Some have been found and admitted and, with those admitted directly from the community, there are now seventeen residents in the hostel. Some go out regularly to work, others go to the adult training centres.

It seems likely that the demand for hostel accommodation for this group will be much less than was originally anticipated. The present hostel is linked with the psychiatric hostel in

Leamington for staff relief. As the latter has not been used as was expected, however, it seems that, to economise in staffing, hostels for the subnormal, if they are built in future, will have to be much larger to give proper working hours and relief. In order to have a man and woman always on duty it is necessary to have three couples, and to justify these the hostel should have between forty-five and fifty residents. There is insufficient demand for such a hostel in any one area at the present time. Hostels of this size were envisaged in the development the County Council was making at Weston-under-Wetherley, where several were grouped in a campus. This had one advantage which is lacking in the present concept, in that forms of entertainment most suitable for this type of person could be specially organised. Whilst there is much to be said for getting them into the community, it must be admitted that the type of entertainment available to them is very limited. Modern dancing and films are really quite unsuitable.

Mentally Disturbed People.

It is very sad to have to report that this section of the Mental Health Act is not working well.

A hostel, with accommodation for twelve short-stay psychiatric patients, was opened in Leamington Spa, and during the year only four patients used it—each staying for a period of between two and four months. (It should be remembered that in the County Council's building programme it was envisaged that a further six hostels would be built).

Although the four patients subsequently went to lodgings, where they appear to have recovered their balance in the community, hostels are not solving the problem. The concept of community care, whereby almost all psychiatric patients were to be treated either as short-stay hospital patients or out-patients, with teams of psychiatric social workers supporting them in their homes, has proved unrealistic. Modern psychiatric treatments do not appear to be as effective, particularly in the severe cases, as was anticipated. It is obvious that, to allow them a reasonable opportunity for recovery, a number of patients still need hospital care for varying lengths of time and that, particularly in this area, hospital provision is inadequate.

The most valuable officer in the field is undoubtedly the Mental Welfare Officer. He is known in the district, helps the family in a crisis by arranging admission of the patient to hospital, and should be the officer to whom the relatives can look for support when the patient returns home. This system is partially working in the north of the County, although even there it is obvious that patients are being discharged before they are fit, with devastating effects on their homes. Elsewhere the Mental Welfare Officer's work is often arduous and unrewarding, its true purpose almost nullified by the rapid turnover of admissions and discharges. After being called to acute situations and spending a considerable time in getting a patient to hospital and dealing with repercussions in the household, these officers frequently find that after perhaps only a few days the patient has returned.

The whole effect of the Mental Health Act needs further consideration in the light of the experience gained in the last seven years. Articles by consultants have been reporting successes based on how long cases are staying out of hospital, but have made no independent assessment of what is happening in each family. The term "community care" in many cases means little more than "family stress," since under the strain which many quite small families are having to bear, practically alone, their own mental outlook is being distorted. In fact, the problem being created is often greater than the one being solved.

As is seen from an article in the proceedings of the Royal Society of Medicine, far too many cases of a serious nature are absconding from hospital because of the "open door." Such absconders, after being at liberty for 28 days, are considered to have been discharged by operation of law, and presumably drift into the unfortunate group of social misfits which is for ever increasing. The same problem faced the country over a hundred years ago and led to the building of large psychiatric hospitals.

How regrettable that a concept which was undoubtedly attractive and held out high hopes for success should have been spoiled through being implemented in such a swift, wholesale and dramatic manner. It is equally unfortunate that premature statements that hospitals for the mentally disturbed would no longer be needed have already resulted in serious disintegration of trained staff.

It seems incredible that in universities, medical schools, colleges and courses for social workers, this overall concept of “community care” is still being taught without question, when reports from those in the field indicate that it is not working.

Road Traffic Act, 1960—Medical Fitness to Drive.

Since 1961, sometimes as the result of an accident, I have received reports that the driver of the car has been giddy or subject to some form of illness. This has led to an investigation and, in most cases, examination by a consultant neurologist, physician or psychiatrist in order to ascertain whether the driver was in a fit state of health to be in possession of a driving licence.

As this subject has not previously been reported, I give below an analysis of cases dealt with up to 1965, from which it will be seen that the total number is fifty-five :—

1961—1965						
Epilepsy	..	..	..	..	..	39
Diabetes	..	..	..	..	..	3
Mental Disorder	..	..	..	..	..	3
Others	..	..	..	..	..	10
Total						55
Referred as result of accident	..	..	..	..	..	18 (9 epileptics)
Licences voluntarily surrendered	..	..	..	..	..	4
Licences refused or revoked	..	..	..	..	..	29
Licences refused or revoked but suitable for review	..	..	..	..	..	11
Licences granted following review	..	..	..	..	..	3
Licence granted following appeal	..	..	..	..	..	1
Licences not granted after review	..	..	..	..	..	4

Where a driver is suffering from epilepsy or diabetes it is relatively easy to make an assessment and, with the help of consultants, to determine whether the patient is appreciative of his condition, is taking anti-convulsant drugs or insulin and is well-controlled. Such persons can be permitted to hold a driving licence. Unfortunately there are many other conditions which should prohibit people from driving but are not being reported. Sometimes declarations are wilfully withheld, but may also be withheld quite innocently, because the application form as it stands at present places upon the applicant the responsibility for stating any illness or defect.

For instance :—

(1) A doctor may deem it wise to withhold from a patient the fact that he is suffering from a serious illness. Thus the applicant cannot declare it on the form.

(2) A patient suffering from a mental illness of such severity that he does not appreciate that he is ill at all can, quite reasonably according to his own thinking, apply for a licence. No reference is therefore made to a mental condition which may make him liable to erratic and even aggressive behaviour, the result of which, on our crowded roads, could be disastrous.

Thus statements made by applicants in all honesty can be virtually useless from the point of view of deciding fitness to drive.

I suggest that a review of the method of applying for driving licences is long overdue, and that greater attention should be paid to the physical and mental fitness of applicants. Much publicity has been given to drivers involved in accidents as a result of excessive drinking, but none to the risk to the public of others who should not be in charge of motor vehicles.

County Ambulance Service. (Diagram Page 30, Tables 50 & 51).

The County Ambulance Officer reports that the number of patients conveyed by the Ambulance Service and the W.V.S. Hospital Car Service during the year was 175,414 and the number of miles covered 1,178,453 which shows a decrease of 9,081 patients (4.9%) and 72,825 miles (5.8%).

The Ambulance Service itself carried 169,815 patients and covered 1,087,348 miles, a decrease of 10,045 patients (5.5%) and 89,853 miles (7.6%). A substantial part of this decrease is the result of further work in conveying persons to mental health training centres being undertaken by outside transport contractors : during the year the number of persons conveyed fell by 6,577 and the mileage by 40,661.

Details of the accident calls attended by the ambulance service have been mentioned elsewhere in the report.

Staffing difficulties have varied during the year. At times there has been a very acute shortage and at other times a very good response to advertisements. A number of the men who have served the County since the war are now reaching retirement age, and the most valuable skill and experience they have acquired is being missed at the depots. Consequently it is thought that some form of intensive training will have to be given to entrants to the Service.

Accidents Attended by the Ambulance Service.

A record of the number of accidents attended by the ambulance service, and details of injuries sustained by those involved, were again kept during the year and the following table gives a comparison with the figures obtained for the two previous years.

		<i>Road.</i>	<i>Works.</i>	<i>Home.</i>	<i>Other Places.</i>	<i>Total.</i>	<i>Patients Involved.</i>
1963	..	1,746	192	382	396	2,716	3,581
1964	..	2,301	899	884	968	5,052	6,277
1965	..	2,317	910	910	837	4,974	6,245

Of these 4,974 accidents, 3,898 were attended during the daytime (8 a.m. to 10 p.m.) and 1,076 during the night (10 p.m. to 8 a.m.). As will be seen from the table there has been no appreciable change in the number or type of accidents attended during the previous year.

A provisional classification was made by ambulance personnel of the types of injury sustained (one patient may be included in more than one category). Of particular importance was the number of very severe and severe fractures recorded—221 fractures of the skull (against 229 last year), 144 fractures of the femur (192) and 24 fractures of the pelvis (37). There were 111 cases involving very severe or severe internal injuries (91) and 58 cases with multiple injuries (47). The severe lacerations totalled 1,556 (1,375). The majority of serious injuries were the result of road accidents.

In 34 cases the patient's direct recovery was promoted by using resuscitation by the Minute-man equipment or direct (mouth to mouth) resuscitation against 47 cases recorded last year. All the main ambulance depots now carry three sets of Minuteman resuscitation apparatus.

The number of known fatalities from all categories of accident was 138 (against 104 last year), but this only represents those victims who were found to be dead at the scene of the accident or who died on their way to hospital or immediately on arrival at hospital. The final number of seriously injured patients who were taken to hospital and subsequently died is not known.

The information contained on the accident reports is made available to the Ministry of Transport Road Safety Unit who wish to know especially the nature of injuries caused to occupants of vehicles with different types of windscreen.

Health Education.

A report on this subject is specially requested by the Ministry of Health this year.

The Health Education Officer has compiled an excellent library of films and film-strips which, together with other equipment, are being used very extensively both in the schools and in group training of young mothers.

It should be appreciated that his enthusiastic efforts to demonstrate to large groups of the population, in an interesting and attractive way, the rules for healthy and hygienic living must be supported by the reiteration of these principles to individuals whenever an opportunity presents itself. School Medical Officers and Health Visitors are co-operating splendidly in this equally

important aspect of the work, by using their personal contacts with more senior pupils during school medical examinations, and interviews with mothers, to make apparently casual but purposeful remarks.

An experiment is taking place in one of the schools which not only enables mothercraft to be taught in a most practical way but gives useful scope for the teaching of health education in general. Instead of the Health Visitor teaching appropriate techniques by the use of dolls, the Headmistress has allowed a crèche to be set up at the school to which mothers living nearby have been invited to bring their young children. The children spend a whole morning at the crèche, and while the Health Visitor and teachers are showing the girls how to care for them various aspects of health education can be introduced. For instance, the problems of venereal disease and its unfortunate consequences can be mentioned at the very moment when a girl is seeing herself as a mother, and the foundations for cleanliness in their future homes can be laid by teaching girls how to handle soiled napkins and food in a kitchen.

If this practical application of mothercraft and health education could be extended to all senior and grammar schools it would be one of the most successful methods of impressing these important subjects on the pupils. I think that if we can make a real impact on the senior girls, their influence on the senior boys may be very effective.

Fluoridation of Water Supplies in Warwickshire.

The Ministry of Health have requested a special comment on fluoridation schemes.

Warwickshire County Council approved fluoridation of water supplies in principle in 1960 and made proposals for fluoridation in 1963. Warwickshire is supplied by :—

Sources.

Birmingham Corporation Water Department.	Mixed.
Coventry Corporation Water Department.	9 bores and River Severn.
N.E. Warwickshire Water Board.	Local bores and supplies from Birmingham and Leicester.
South Warwickshire Water Board.	Various wells, bores, rivers Avon, Swift, Leam and North Cotswold R.D.C. springs.
Rugby Joint Water Board.	Rivers Avon and Swift.
East Worcestershire Water Board.	Worcestershire bulk supply.
South Staffordshire Waterworks Co.	Wells and bores in Staffordshire.

By the end of 1965, very little of Warwickshire's water supply had yet been fluoridated, i.e. that supplied by the Birmingham Corporation Water Department (implemented in 1964). This water is monitored regularly and found to have 0.8 parts fluoride per million.

The causes of delay are :—

- (1) The time taken for various negotiations by Water Authorities with other authorities and the Ministry in the approval, payment for, and implementation of fluoridation schemes.
- (2) Technical difficulties arising because water is drawn from numerous sources.
- (3) Difficulties arising from opposition to fluoridation by neighbouring authorities with whom we share water supplies :
 - (a) Staffordshire has not accepted fluoridation, and South Staffordshire Waterworks has no fluoridation scheme at present.
 - (b) Gloucestershire has rejected fluoridation, thus the water from North Cotswold R.D.C. springs supplied to the South Warwickshire Water Board will need separate special treatment.
 - (c) Coventry City Council has only recently decided to approve fluoridation.

Other Water Boards have fluoridation schemes at various stages. Most of Warwickshire should have fluoridated water by the end of 1967.

Milk and Dairies Administration. (Tables 52, 53, 54 & 55).

The County Health Inspector reports that during the year milk from some fifty herds was retailed as "untreated milk" or as loose milk to farm workers. Samples of milk from these herds were submitted for biological examination for tuberculosis, together with milk from wholesale producers who were selling it as raw cream. None of the 233 samples submitted for biological examination for tuberculosis was positive.

These samples were not only tested for tuberculosis, but for brucellosis. Five were found to be positive, and five cows found to be secreting milk infected with brucella organisms. With the co-operation of farmers, the animals were either slaughtered or removed from the herds.

On April 1st, 1965, one pasteurising dairy was transferred to Staffordshire under the boundary changes.

During the year 267 samples were taken from six pasteurising plants and one sterilising plant. Of these, only two failed to satisfy the phosphatase test. There were three automatic high temperature plants operating in the County, from which 359 samples were taken and all passed the test.

It will be seen from the results that the number of failures is very low. The two which did occur were due to a fault by the plant operator.

As part of the routine checking of licensed dairies, 54 specimens from washings of bottles were examined for cleanliness, and rinses were taken from the pasteurising plant. Eight of the results were unsatisfactory, and again plant operators were at fault. Advice was given on machine maintenance, and further checks made were satisfactory.

At the end of 1965 there were 285 licences for the retail sales of designated milk by dealers. Samples were taken from premises, vehicles and vending machines, a total of 1,138 in all. No samples failed the phosphatase test but 17 failed the methylene blue test. This latter test is one for keeping quality, and the failures indicated methods of imperfect storage, and prolonged keeping. The methylene blue failures which occurred in samples taken from vending machines were referred to the owners, and better maintenance of equipment and stock rotation insisted upon.

Samples of milk delivered to 443 schools were tested, and in 15 instances there were failures with the methylene blue test, although repeat samples proved satisfactory. Untreated milk was being supplied to one school and samples were submitted for biological examination both for tuberculosis and brucellosis. All the results were negative. The arrangement for supplying milk in cartons was extended during the year. It does seem that this method of delivering milk for schoolchildren has many advantages.

Samples of milk were also taken from other County Council establishments and Regional Board hospitals. Of the 555 samples taken, 10 failed to satisfy the keeping quality test but all the phosphatase tests were satisfactory. Follow-up samples on the failures proved satisfactory. Samples were taken from supplies of milk retained untreated, and milk consigned to small dairies where no laboratory facilities were available. The purpose of this was to test for the presence of antibiotics. 247 samples were taken and 5 gave results showing that antibiotics were present in the milk to a degree above the permitted limit. With the assistance of the Divisional Veterinary Officer, farmers were warned regarding the sale of milk from cows being treated with antibiotics, and repeat samples gave very satisfactory results.

All samples of milk and miscellaneous samples submitted for bacteriological examination were examined by the Public Health Laboratory Service in Coventry. The Director of the Laboratory and his staff have provided my Department with excellent service and advice, and I should like to express my appreciation for their co-operation throughout the year. Thanks are also due to the Director of the Birmingham Laboratory for the antibiotic examinations.

Clean Air.

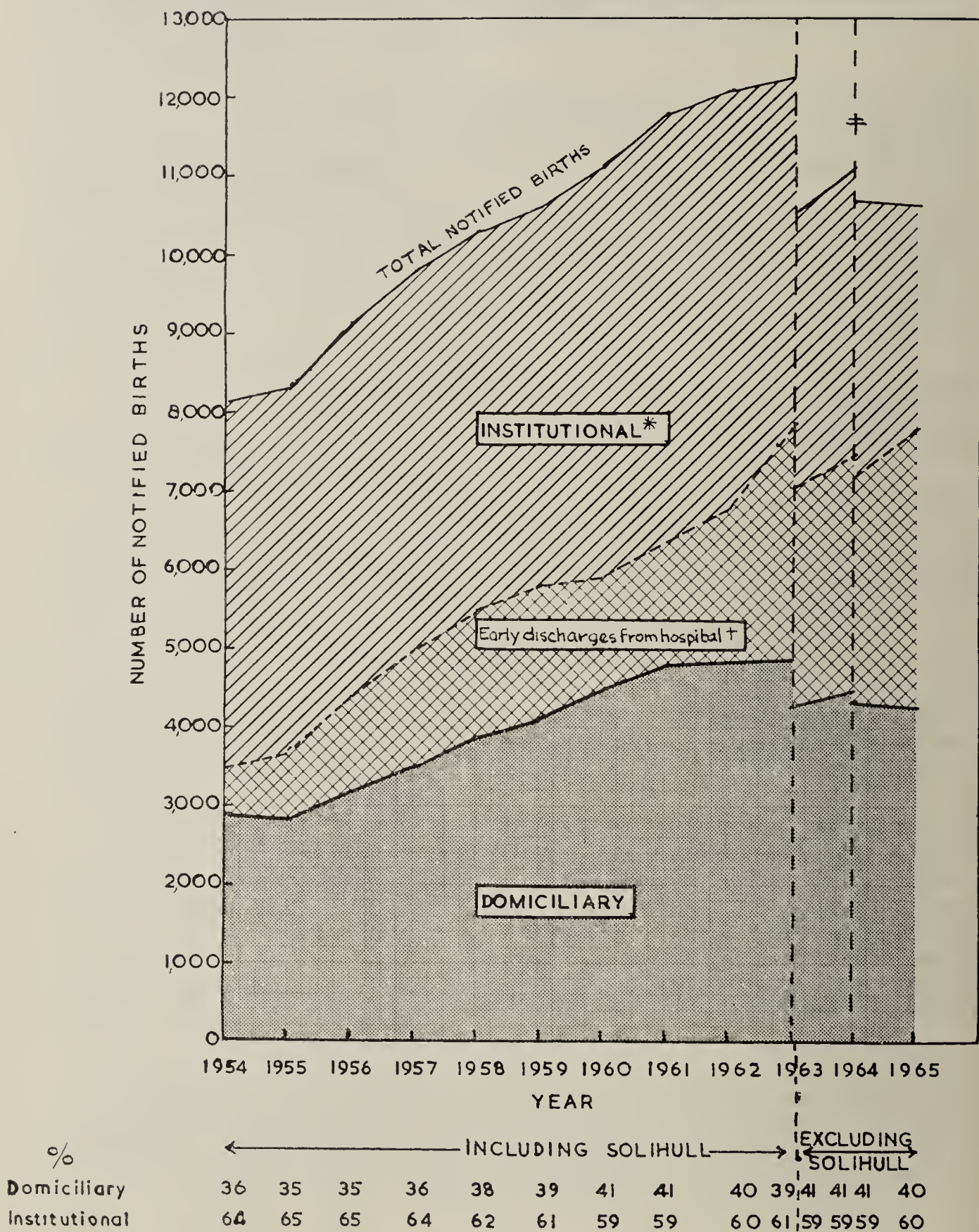
The Warwickshire Clean Air Council reports that it has only been able to make a little progress during 1965. There has been no increase in the smoke-free areas in the County, and the bad winter with cuts in gas and electricity led to the use of domestic fires, and smoky fuel which is the principal offender. The Clean Air Campaign is receiving a certain amount of hostility and progress in replacing many of the various instruments with others of improved design, which give more accurate readings, has been slow.

During the year public health inspections have been carried out on a routine basis, health education has been linked with instruction in schools on the use of instruments, and the Clean Air Council reports certain local authority grants for the conversion of domestic appliances.

When all the various sites throughout the County have new instruments, it is hoped that more accurate recordings will be made and more information become available.

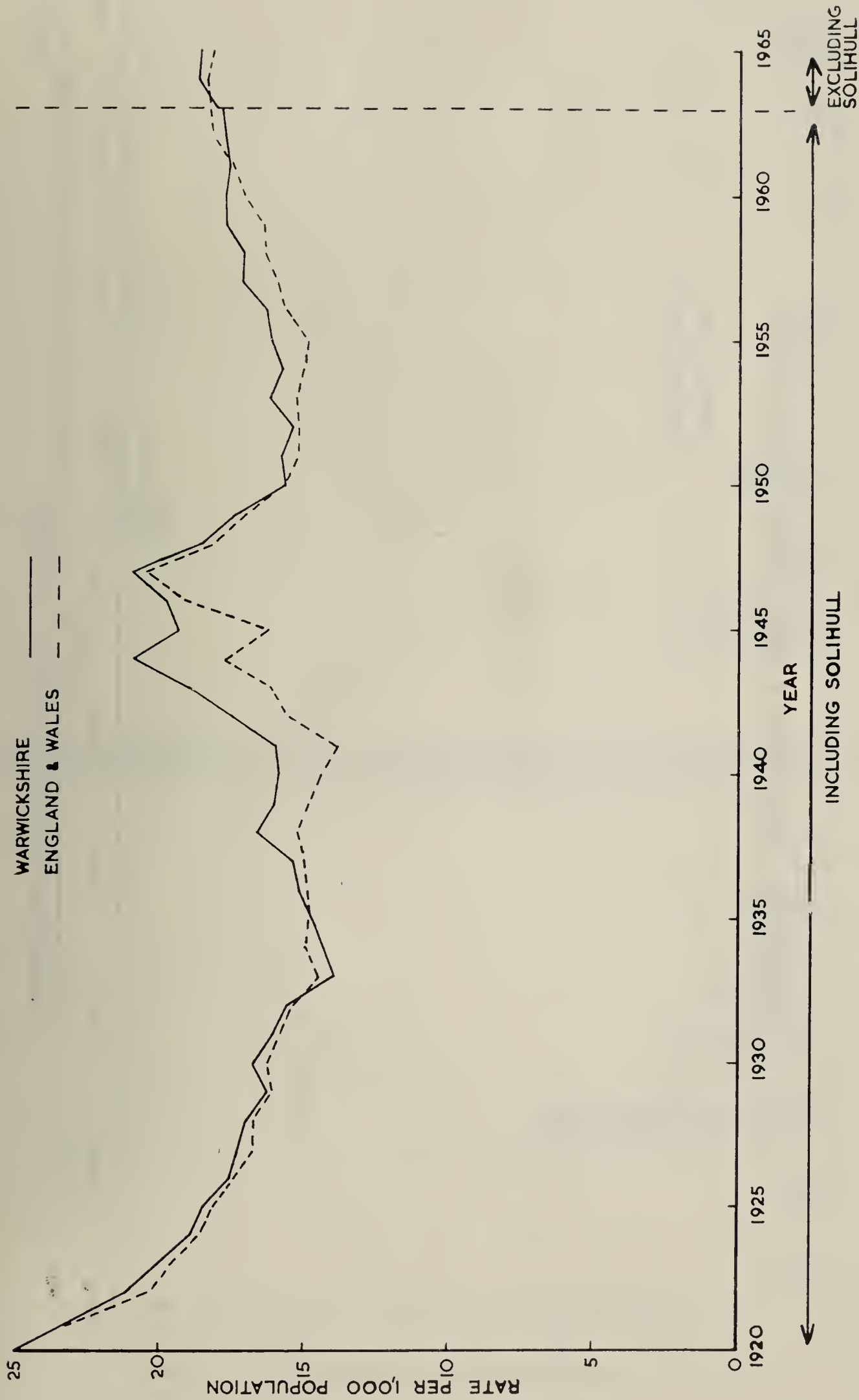
G. H. TAYLOR, M.D., D.P.H.,
County Medical Officer of Health.

DOMICILIARY & INSTITUTIONAL BIRTHS 1954-1965

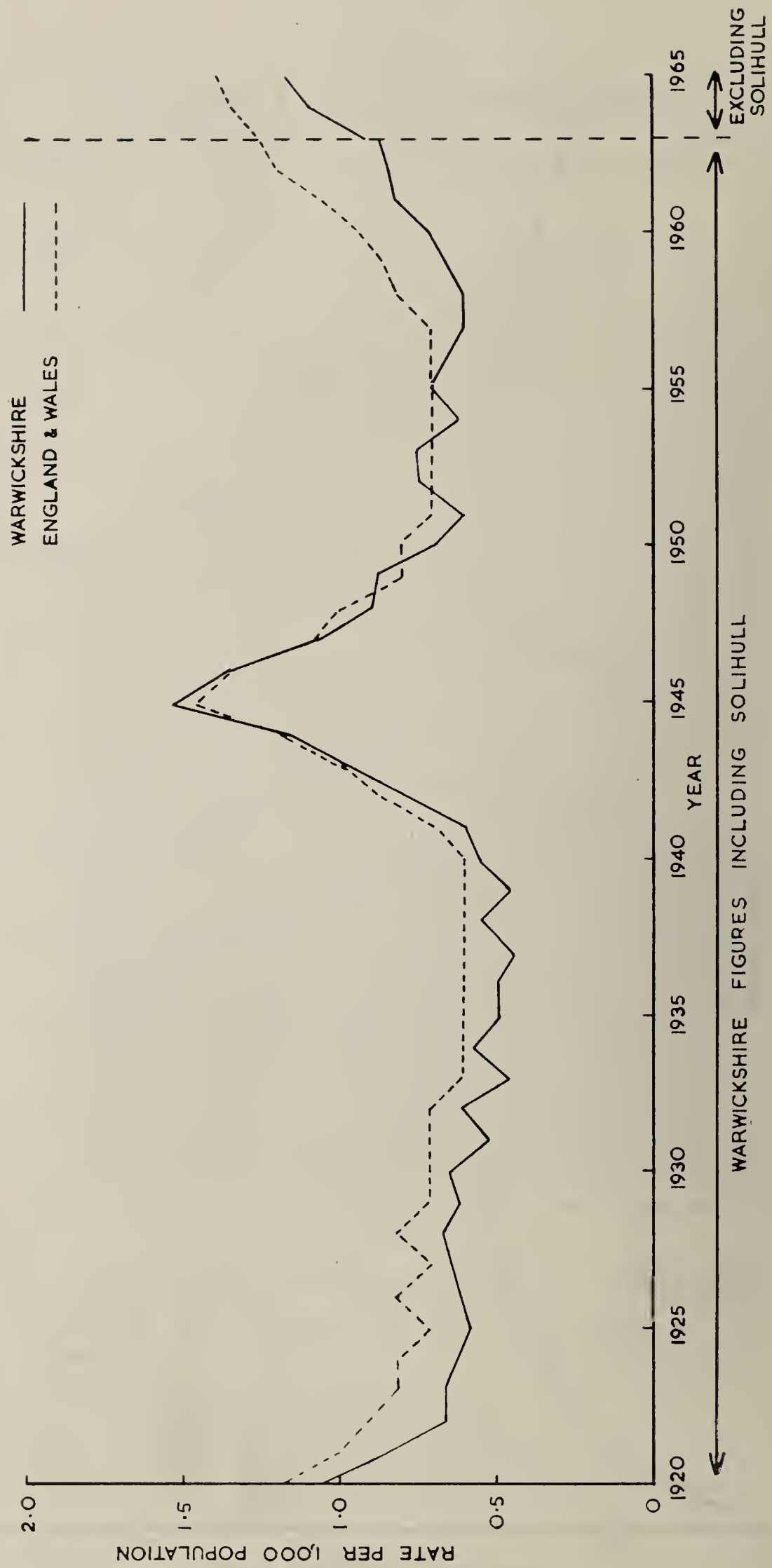


* Includes Private Nursing Homes
† Before 10th day - 1960 onwards
‡ Adjustment for Staffs & Coventry boundary changes

TOTAL LIVE BIRTHS PER 1,000 POPULATION



ILLEGITIMATE LIVE BIRTHS PER 1000 POPULATION



CANCER DEATH RATES PER MILLION POPULATION BY SITE (ENGLAND & WALES)

1954 & 1964

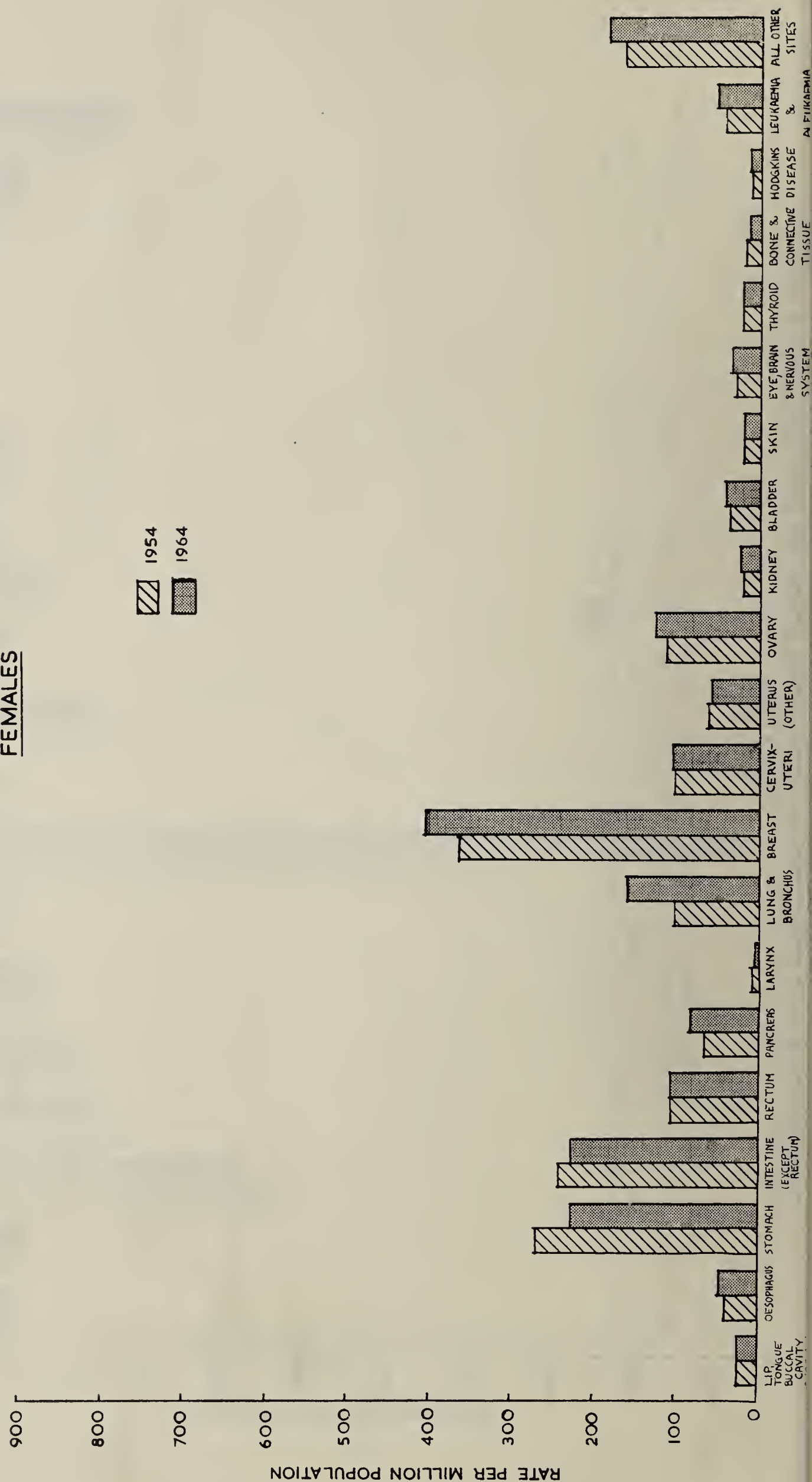
MALES



CANCER DEATH RATES PER MILLION POPULATION BY SITE (ENGLAND & WALES)

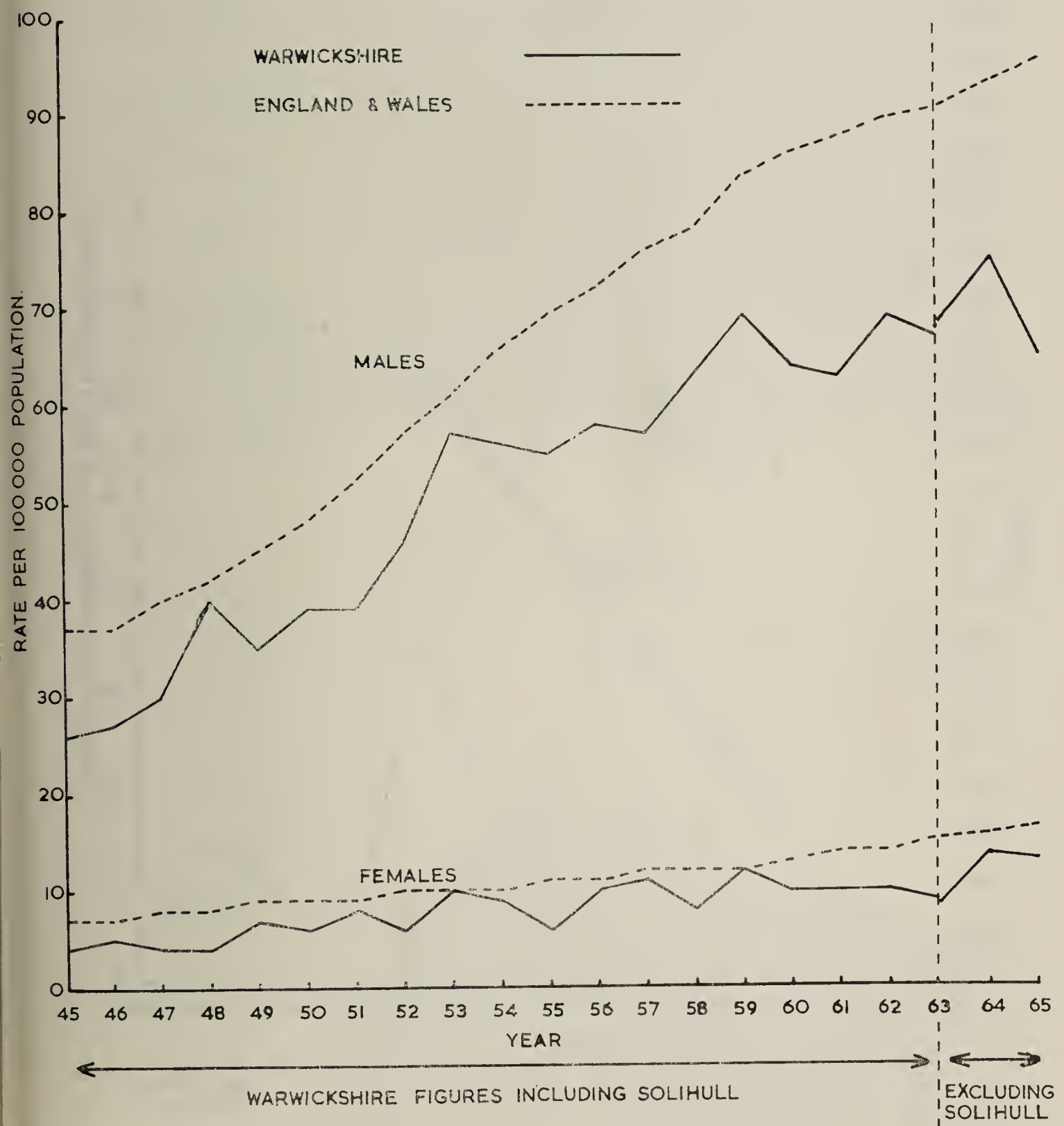
1954 & 1964

FEMALES



CANCER OF THE LUNG

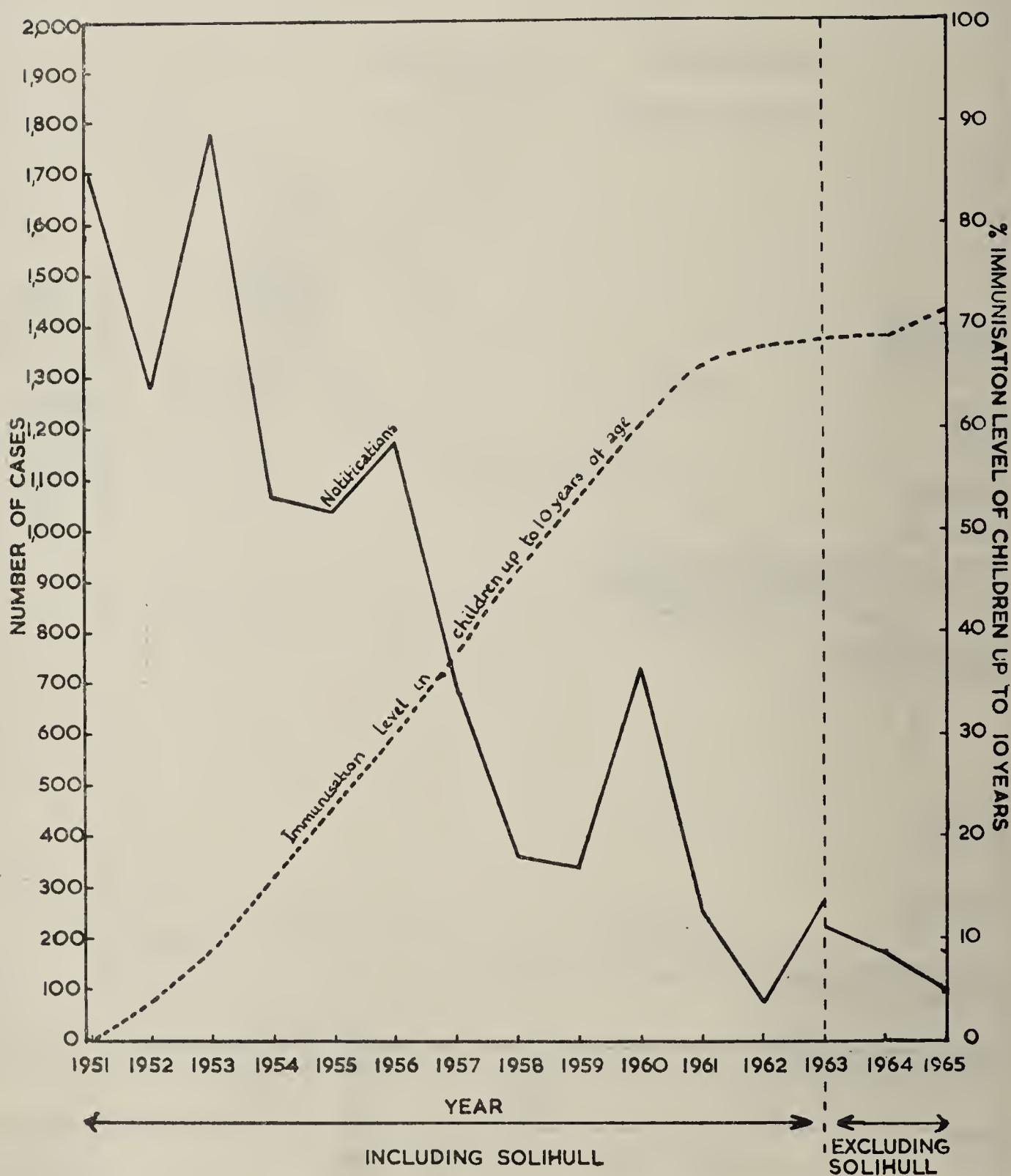
DEATH RATES PER 100,000 POPULATION 1945 - 1965



WHOOPING COUGH NOTIFICATIONS (ALL AGES)

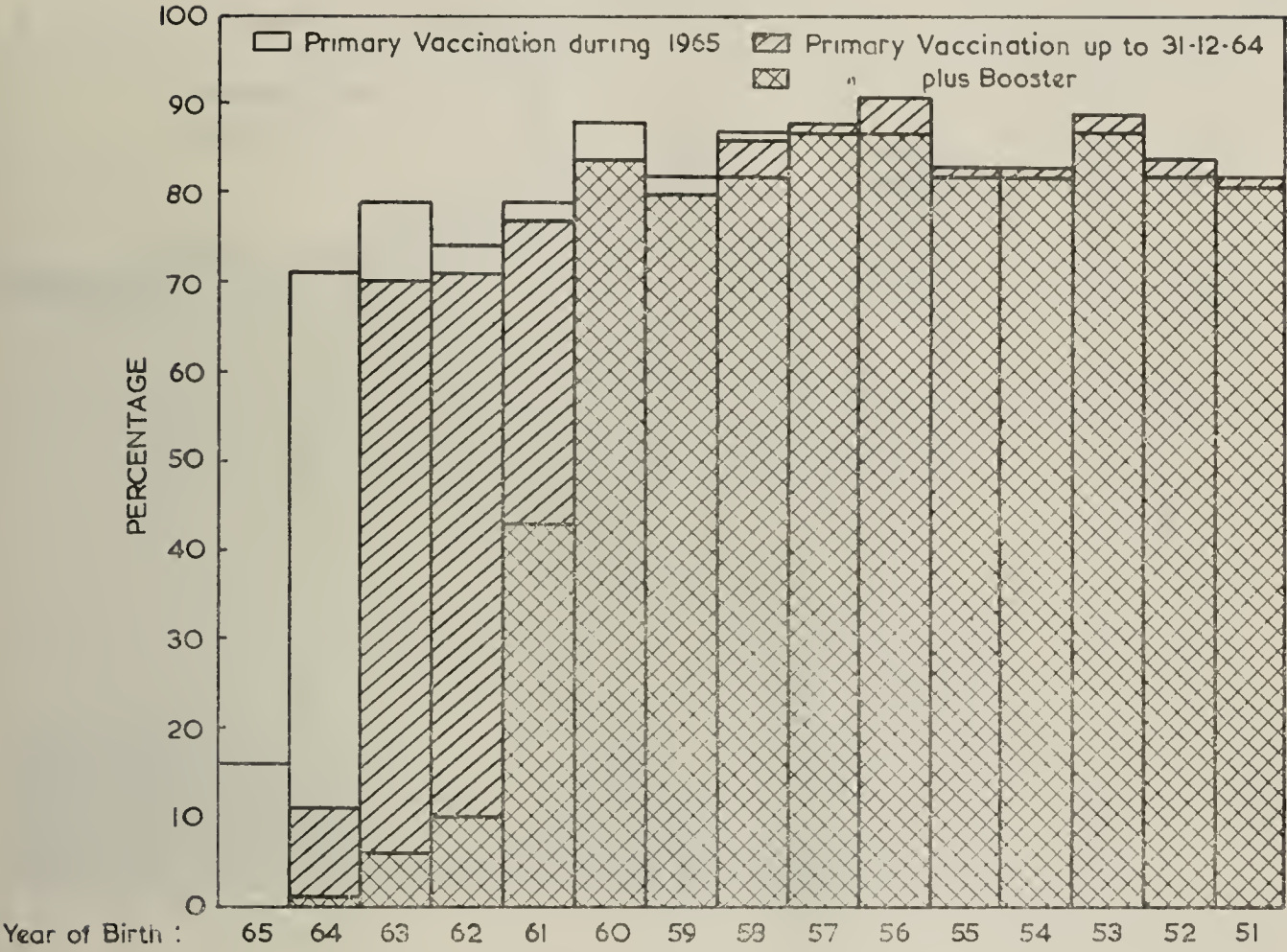
IN RELATION TO IMMUNISATION LEVELS IN CHILDREN UP TO 10 YEARS OF AGE

1951-1965

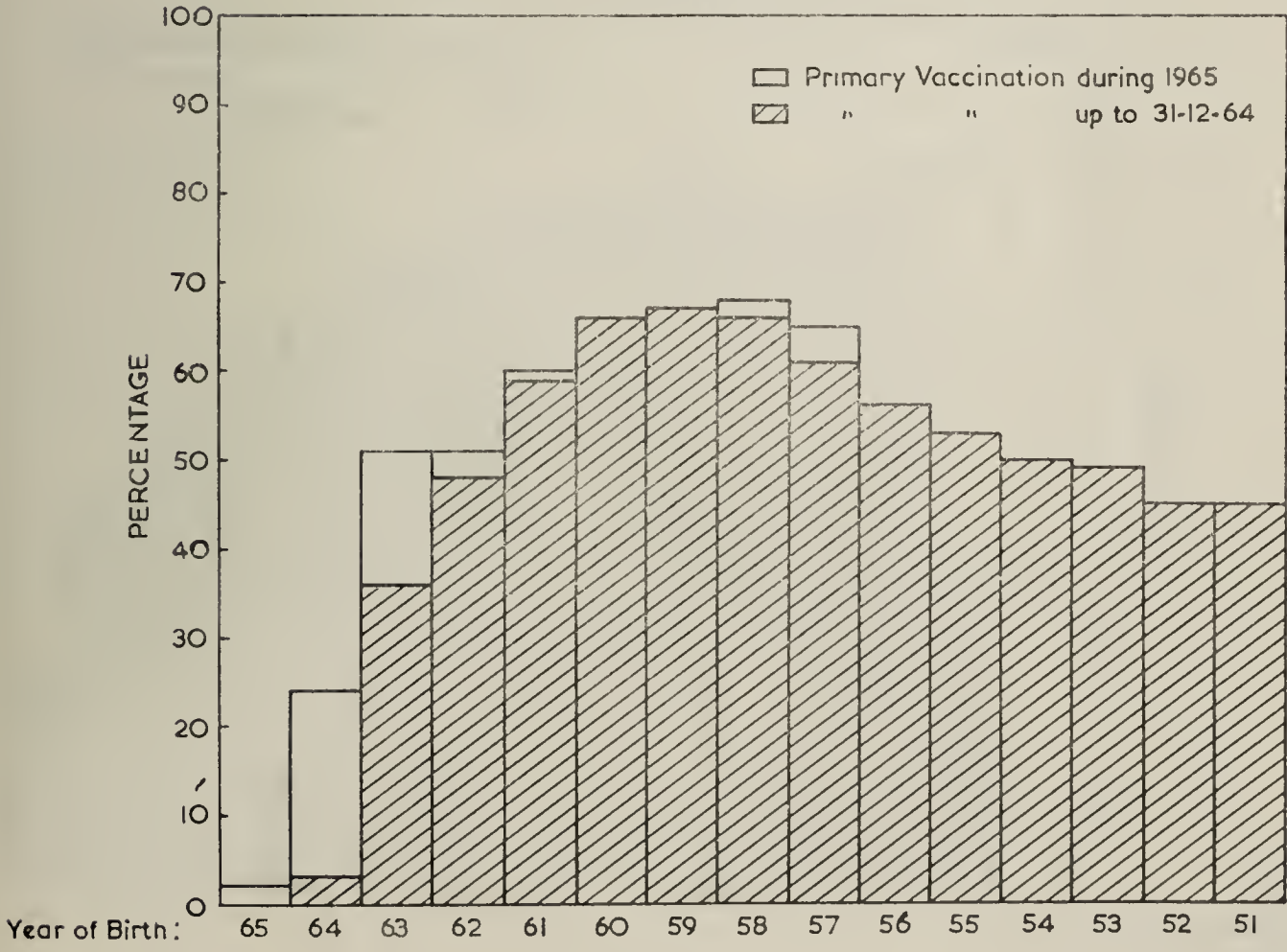


VACCINATION LEVELS OF CHILDREN

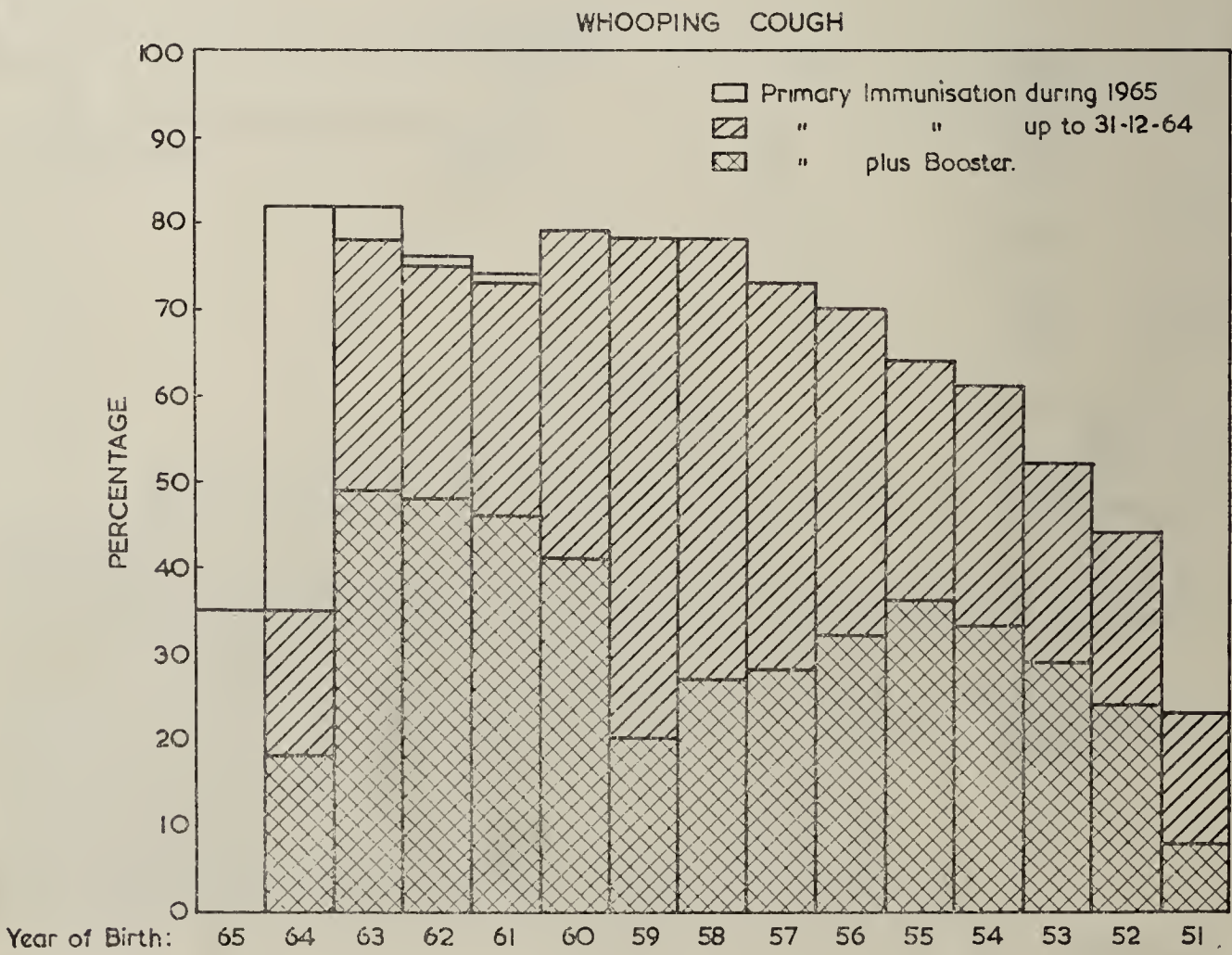
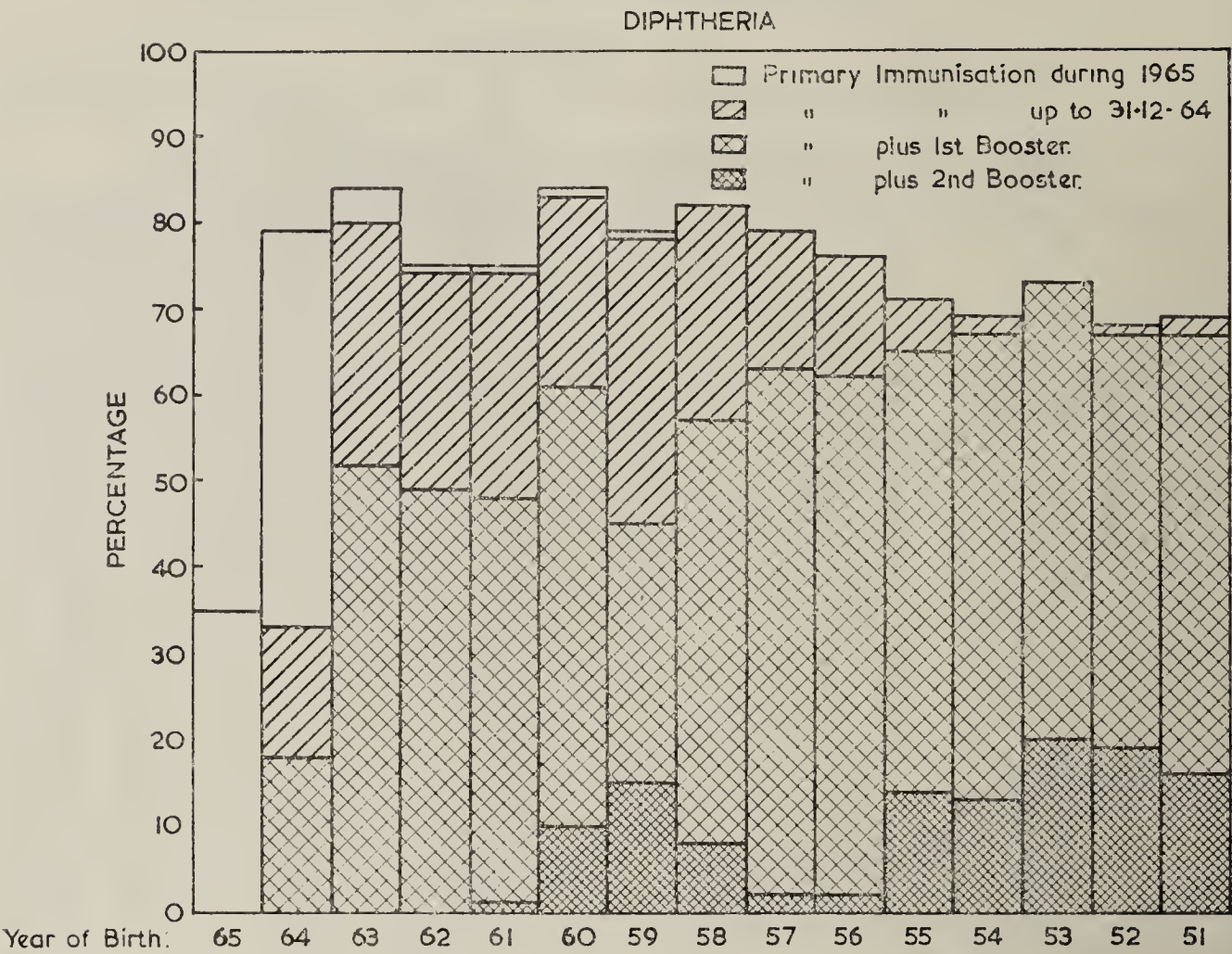
POLIOMYELITIS



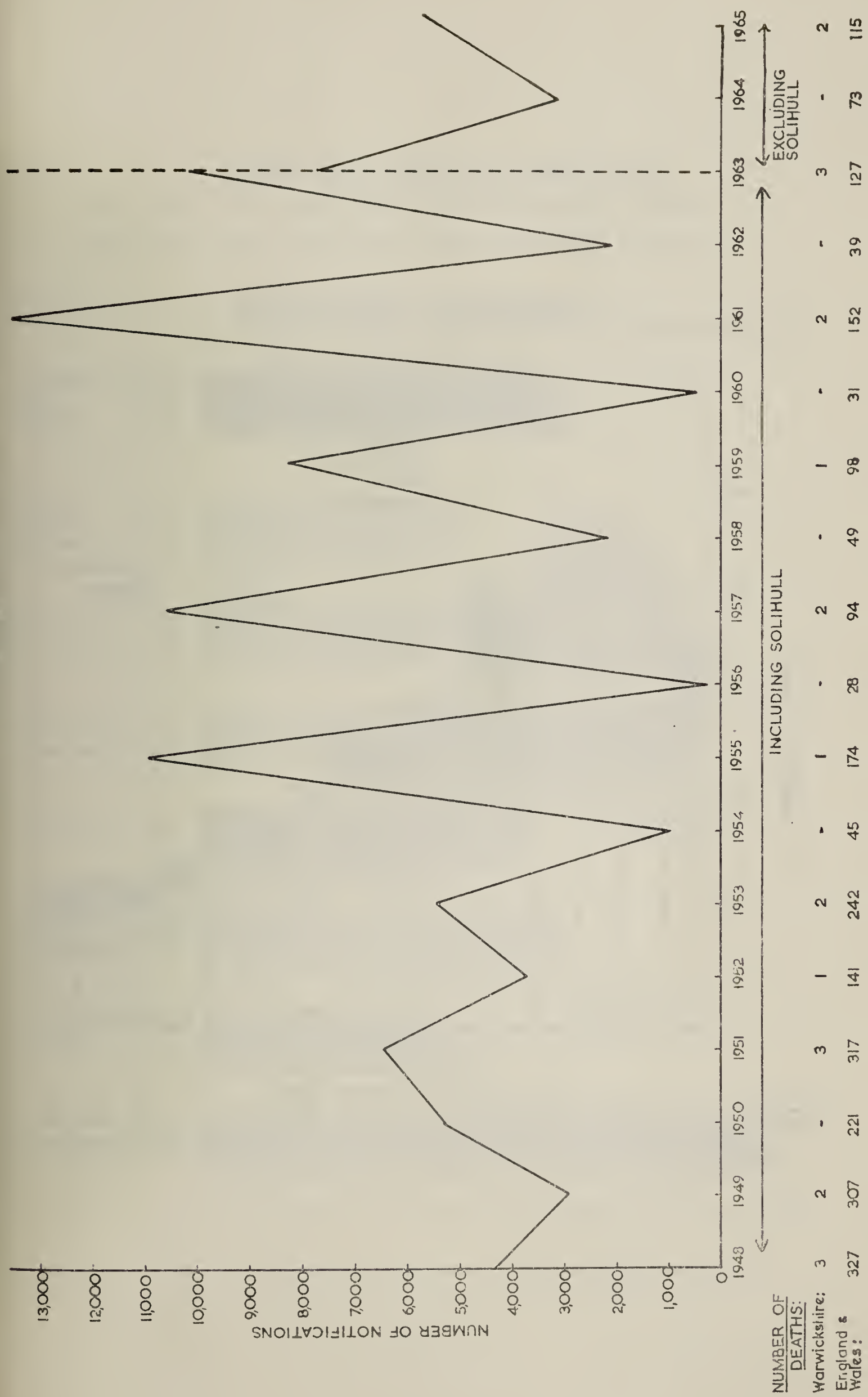
SMALLPOX



IMMUNISATION LEVELS OF CHILDREN

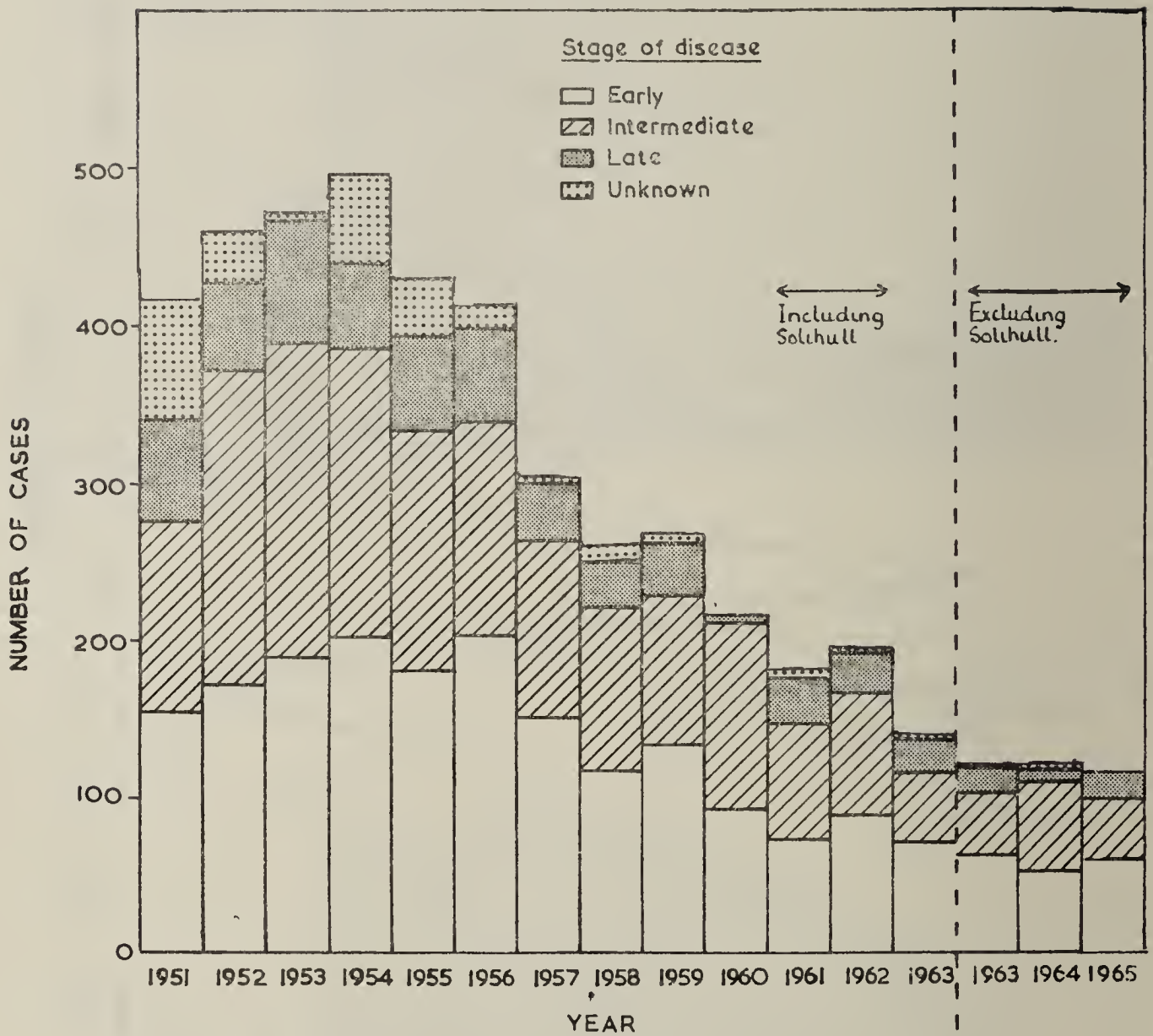


NOTIFICATION OF MEASLES
1948-1965



PULMONARY TUBERCULOSIS



NEW NOTIFICATIONS 1951-1965

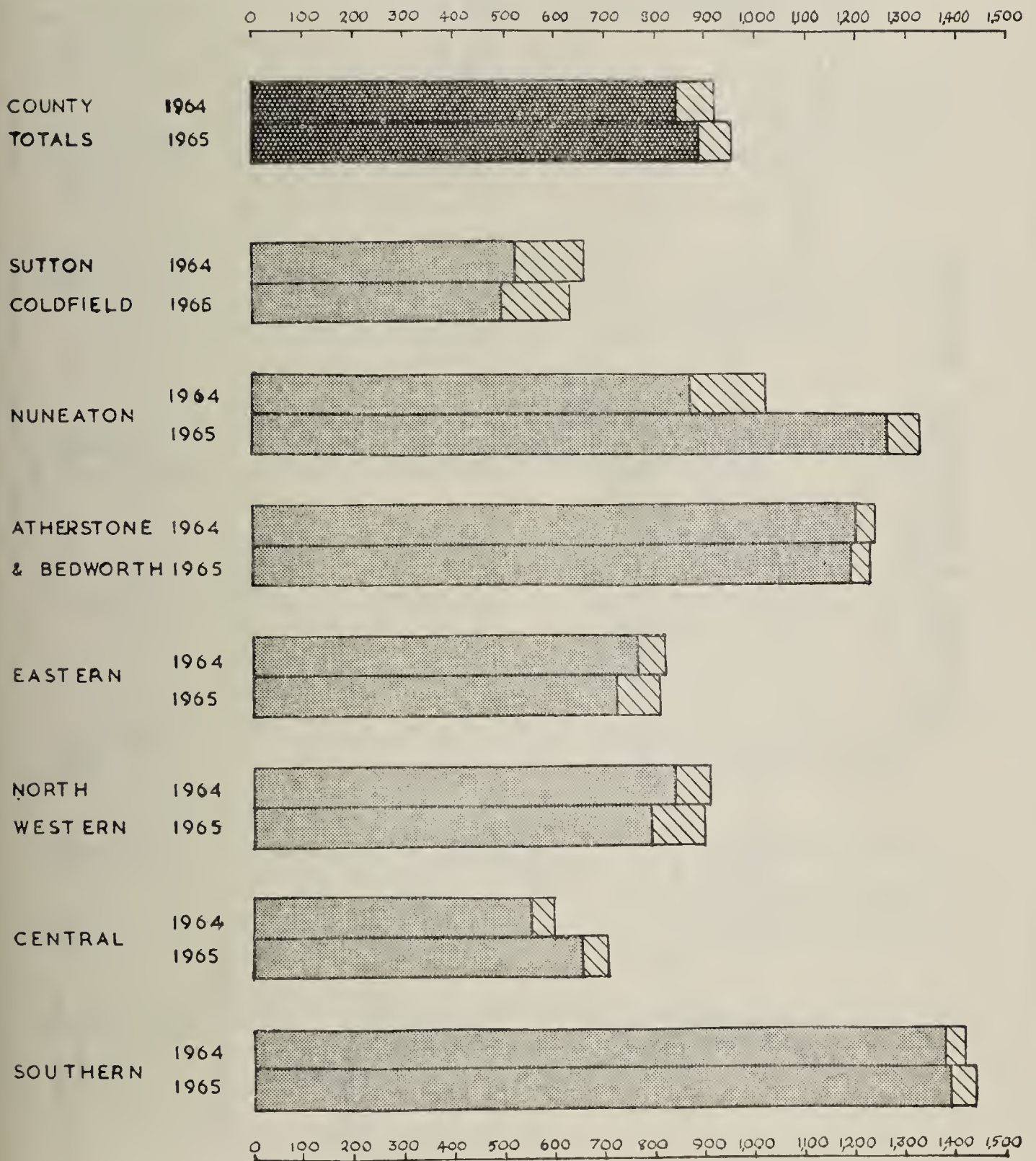


	New notification rate per 100,000 population															
Warwickshire	85	93	96	98	83	77	55	46	46	36	29	31	21	22	22	21
England & Wales	97	95	93	84	76	71	65	58	54	46	42	39	35	35	32	28

For the past eight years, the pulmonary tuberculosis rate in the County has remained well below that for England and Wales.

HOME HELP SERVICE 1964 & 1965

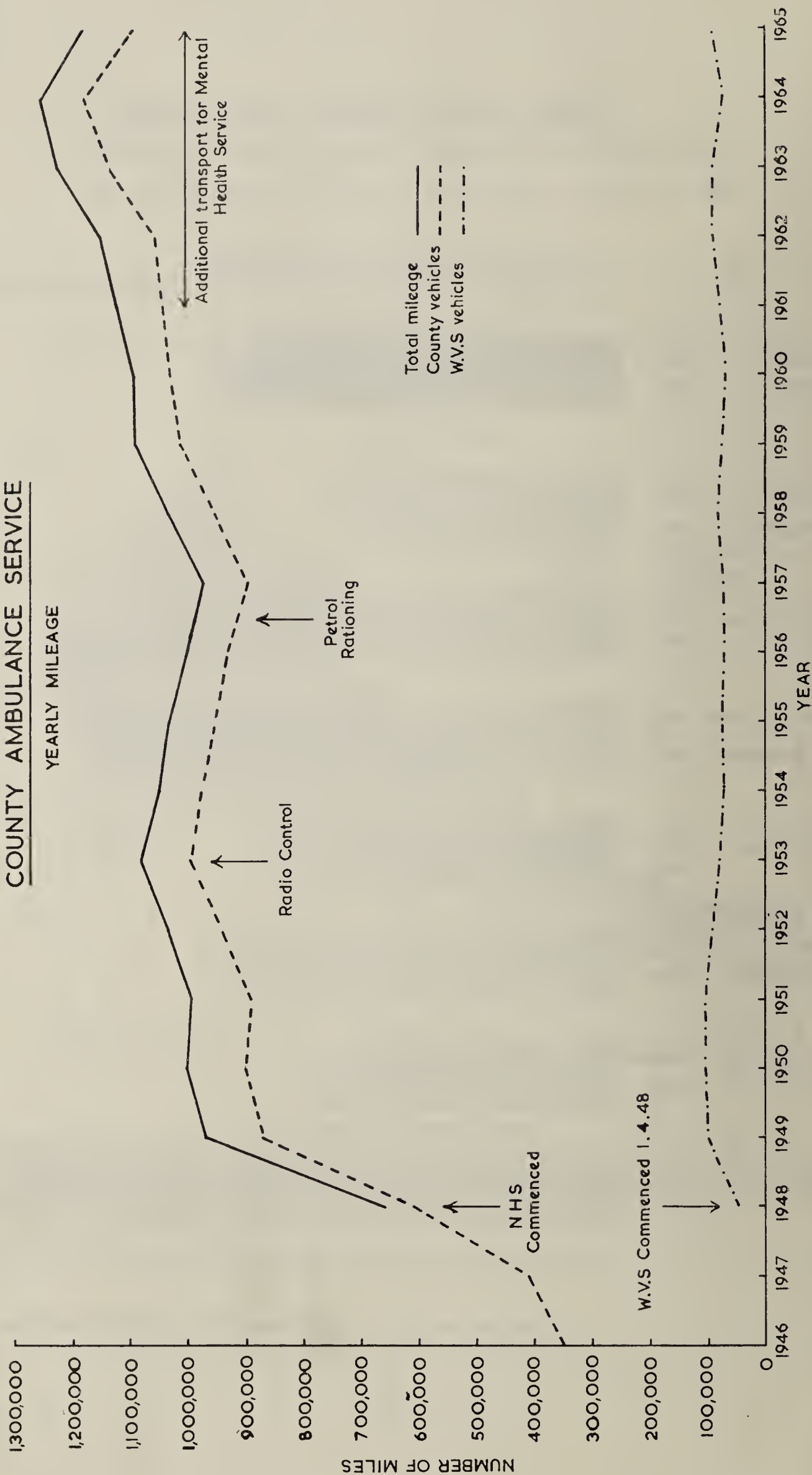
-  SHORT TERM CASES (Under 3 months) Acute illness & maternity
 LONG TERM CASES (Over 3 months) Chronic illness & old age



NUMBER OF HOME HELP HOURS PER 1,000 POPULATION

COUNTY AMBULANCE SERVICE

YEARLY MILEAGE



STAFF OF THE COUNTY HEALTH SERVICE

(at time of going to Press).

County Medical Officer of Health and Principal School Medical Officer :

Dr. G. H. TAYLOR, M.D. (Lond.), D.P.H.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer :

Dr. C. M. D. EDMONDS, M.B., B.S., D.A., D.P.H.

	<i>Medical Officer.</i>	<i>Assistant County Medical Officer.</i>
*Sutton Coldfield M.B.	Dr. J. R. PRESTON, B.Sc., M.B., Ch.B., F.R.F.P.S., D.P.H. (Glas.).	Dr. B. D. ROBINSON, M.B., B.S., D.P.H. Dr. I. M. S. NICHOLS, M.B., Ch.B., D.P.H.
*Nuneaton M.B.	Dr. G. DISON, L.R.C.P., L.R.C.S. (Edin.), L.R.F.P. & S. (Glas.), D. Obst., R.C.O.G., D.P.H. (Edin.).	Dr. N. S. TURNBULL, M.B., Ch.B., D.T.M. & H., D.P.H. Dr. G. COOTE, M.B., B.S.
Atherstone/ Bedworth Area.	Dr. E. M. HUGHES, M.B., Ch.B. (Liv.), D.P.H.	Dr. A. L. J. CUSACK, M.B., B.Ch., B.A.O., D.P.H. Dr. B. C. BARDALAI, M.B., B.S., D.P.H. Dr. R. G. DAWSON, M.B., Ch.B.
Eastern Area.	Dr. D. J. JONES, B.Sc., M.B., Ch.B., D.P.H. (Cardiff).	Dr. M. STEANE, M.B., Ch.B., D.P.H. Dr. M. H. J. MARTIN, M.B., B.S., D.P.H.† Dr. J. M. FELCE, M.B., B.S.
North-Western Area.	Dr. R. S. McELROY, M.A., M.B., B.Ch., B.A.O. (Dub.), D.P.H., D.T.M. & H.	Dr. G. C. B. HAWES, M.B., B.S. Dr. L. M. ELLIS, M.B., Ch.B., D.Obst. R.G.O.G., D.C.H.
Central Area.	Dr. F. D. M. LIVINGSTONE, B.A., M.B., B.Chir. (Cantab.), M.R.C.P. (Lond.), D.C.H. (Eng.), D.P.H.	Dr. M. V. RICHARDS, M.B., Ch.B., D.C.H., D.P.H. Dr. J. ADDENBROOKE, M.B., Ch.B. Dr. J. F. SANSOME, M.B., B.S. Dr. D. S. WILLIAMS, L.R.C.P. & S., L.R.F.P. & S.
Southern Area.	Dr. J. B. BRAMWELL, M.A., M.B., B.Ch. (Cantab.), D.P.H.	Dr. A. L. KIRKLAND, M.B., B.Ch., B.A.O., D.Obst. R.C.O.G., D.P.H.

* Borough Councils with delegated powers.

† Not entirely based in the area.

To attend D.P.H. Course—Drs. M. C. T. WILKES and J. G. M. MORTIMER.

Principal Dental Officer :

H. J. BASTOW, L.D.S. (Birm.).

Dental Officers :

Sutton Coldfield M.B. N. G. EVANS, L.D.S. (Birm.).

Nuneaton M.B. J. HITCHCOCK, B.D.S. (Birm.).

Atherstone/Bedworth Area .. Mrs. S. Y. DAVIES, B.D.S. (Australia).

(Until 30/6/66).

Eastern Area

North-Western Area W. DOUGLAS, L.D.S. (St. Andrew's).*

Central Area E. N. O'REILLY, L.D.S., R.C.S. (Ireland).

Mrs. J. A. SPICER, B.D.S. (Bristol).

Southern Area Miss M. M. STOCKER, L.D.S. (Birm.).

*Senior Dental Officers.

There are in addition, a number of part-time Dental Officers, a Dental Auxiliary and whole-time and part-time Dental Surgery Assistants.

County Health Inspector :

K. L. SPENCE, Cert. S.I.B., Cert. R.S.I.

County Ambulance Officer :

R. D. CHARLES.

Superintendent Nursing Officer and Supervisor of Midwives :

Miss V. E. BEESTON, S.R.N., S.C.M., H.V.Cert.

Deputy Superintendent Nursing Officer :

Miss M. J. HEDGES, S.R.N., S.C.M., H.V.Cert.

Borough and Area Nursing Officers :

Sutton Coldfield M.B. Miss J. HORN.

Nuneaton M.B. Miss A. VARLEY.

Atherstone/Bedworth Area .. Miss C. G. McLAREN.

Eastern Area Miss E. M. LLOYD.

North-Western Area Miss J. G. WEDGWOOD. (Until 31/7/66).

Central Area Miss M. G. AUSTIN. (Until 31/8/66).

Southern Area Miss D. G. HUSSEY.

(These officers hold S.R.N., S.C.M. and H.V. Cert.).

Social Worker :

Miss J. A. SUTCLIFFE, S.R.N., H.V.Cert.

Mental Welfare Officers :

County Health Department	..	H. F. ROGERS.
Sutton Coldfield M.B.	.. ..	{ M. O'DONNELL.† G. FITZPATRICK.† J. MOODYCLIFFE.
Nuneaton M.B.	.. ..	{ P. C. MORGAN.† R. CALLANDER.† E. WITHINGTON.
Atherstone/Bedworth Area	..	P. M. OVERTON.
Eastern Area	.. ..	K. G. CODLING.
North-Western Area	.. ..	W. J. DUIGENAN.
Central Area	.. ..	{ C. ROBINSON. R. EDKINS.
Southern Area	.. ..	R. C. ANSLOW.

† These officers carry out Health and Welfare duties.

Mental Health Visitor :

County Health Department	..	Miss H. S. HOPKINS.
--------------------------	----	---------------------

Family Case Workers :

Mrs. M. BARCLAY.
Mrs. M. FLYNN.
Miss J. G. ORTON.
Miss P. E. WHITE.

Chief Clerk :

L. J. ALLEN.

Health Education Officer :

T T. PAYNE.

TABLE 1.

GENERAL STATISTICS, 1965.

		Acres.	Population.		Live Births.		Total Deaths.		Number Still- births.	Number Infant Deaths.	Number Mat- ernal Deaths.
			Mid- 1964	Mid- 1965	Number.	Birth Rate (adjusted) (Per 1,000 pop.)	Number.	Death Rate (adjusted) (Per 1,000 pop.)			
SUTTON COLDFIELD M.B.	..	13,978	77,980	79,210	1,449	16.10	595	9.31	14	16	—
NUNEATON M.B.	..	11,757	60,010	60,920	1,205	19.38	591	11.93	26	23	—
ATHERSTONE/BEDWORTH AREA.											
Bedworth U.D.	..	7,820	34,890	34,820	734	18.97	411	11.21	11	17	1
Atherstone R.D.	..	34,574	25,710	31,670	678	20.77	291	11.67	10	7	—
TOTALS	..	42,394	60,600	66,490	1,412	19.86	702	11.72	21	24	1
EASTERN AREA.											
Rugby M.B.	..	7,010	54,950	55,460	1,107	20.96	622	11.89	19	18	—
Rugby R.D.	..	80,939	24,460	25,080	437	17.07	193	9.93	7	11	—
TOTALS	..	87,949	79,410	80,540	1,544	19.46	815	11.89	26	29	—
NORTH-WESTERN AREA.											
Meriden R.D.	..	66,519	64,240	61,890	1,093	15.19	454	11.01	17	14	—
Tamworth R.D.	..	—	22,150	*5,540	139	21.58	49	13.26	3	3	—
TOTALS	..	66,519	86,390	67,430	1,232	15.71	503	11.19	20	17	—
CENTRAL AREA.											
Leamington Spa M.B.	..	2,875	44,300	44,450	967	20.88	538	11.50	15	18	—
Warwick M.B.	..	5,057	16,870	17,050	312	19.03	202	11.02	5	3	1
Kenilworth U.D.	..	5,967	17,480	19,040	352	18.12	128	9.14	3	3	—
Southam R.D.	..	62,527	17,150	17,070	340	21.12	110	8.11	3	1	—
Warwick R.D.	..	55,896	28,880	25,760	473	17.07	278	8.85	6	7	—
TOTALS	..	132,322	124,680	123,370	2,444	19.69	1,256	10.83	32	32	1
SOUTHERN AREA.											
Stratford-upon-Avon M.B.	..	6,900	17,400	17,790	240	13.76	194	9.60	3	4	—
Alcester R.D.	..	37,374	18,270	19,060	447	23.45	204	10.38	7	5	—
Shipston-on-Stour R.D.	..	53,339	9,000	9,240	176	21.34	128	9.14	1	1	—
Stratford-on-Avon R.D.	..	86,464	27,500	27,990	508	18.88	251	9.87	4	7	—
TOTALS	..	184,077	72,170	74,080	1,371	19.34	777	9.47	15	17	—
COUNTY TOTALS	..	538,996	561,240	552,040	10,657	18.53	5,239	10.63	154	158	2

* Working Figure for Population for the first quarter.
Figures supplied by the Registrar General.

TABLE 2. REVIEW OF BIRTH AND DEATH RATES
for the years 1934-1965.

Year.	Live Birth Rate (per 1,000 pop.)	Death Rate (per 1,000 pop.)	Pulmonary Tubercu- losis Death Rate (per 1,000 pop.)	Cancer Death Rate (per 1,000 pop.)	Infant Mortality Rate (per 1,000 live births).	Still-births (per 1,000 total births).	Maternal Mortality (per 1,000 total births).
Including Solihull.							
1934	14.31	10.71	0.42	1.43	48	34	4.97
1935	13.44	9.60	0.45	1.45	47	40	3.68
1936	15.08	10.56	0.42	1.51	52	33	5.21
1937	15.32	11.25	0.41	1.57	50	35	3.17
1938	16.63	10.17	0.47	1.45	48	30	2.87
1939	16.18	10.19	0.43	1.54	45	32	2.26
1940	15.83	12.69	0.50	1.51	51	35	2.82
1941	15.94	11.69	0.43	1.55	53	33	2.99
1942	17.38	10.26	0.41	1.55	39	32	2.14
1943	18.98	10.62	0.41	1.55	42	28	2.70
1944	20.88	10.64	0.42	1.66	35	25	1.50
1945	18.95	10.45	0.40	1.57	42	25	1.56
1946	19.64	10.61	0.42	1.67	40	22	1.46
1947	20.77	10.68	0.38	1.64	34	20	0.83
1948	18.24	9.62	0.39	1.67	31	20	1.50
1949	17.22	10.78	0.30	1.65	29	19	0.85
1950	15.72	10.48	0.24	1.55	27	19	0.39
1951	15.84	11.55	0.21	1.67	28	23	0.50
1952	15.56	10.35	0.14	1.78	28	18	0.38
1953	16.30	10.67	0.14	1.72	24	20	0.72
1954	15.79	10.51	0.10	1.87	23	22	0.73
1955	16.13	11.08	0.11	1.83	24	21	0.58
1956	16.43	11.19	0.09	1.81	19	22	0.65
1957	17.15	10.92	0.08	1.84	19	17	0.41
1958	17.12	10.98	0.07	1.79	21	21	0.20
1959	17.63	11.50	0.06	1.87	19	18	0.37
1960	17.76	11.41	0.06	1.77	19	18	0.27
1961	17.63	11.51	0.04	1.76	17	16	0.09
1962	17.76	11.66	0.04	1.84	17	18	0.33
1963	17.88	11.61	0.05	1.74	17	17	0.24
Excluding Solihull.							
1963	18.26	11.75	0.05	1.74	17.4	17.3	0.19
1964	18.58	11.40	0.04	1.79	17.1	13.8	0.09
1965	18.53	10.63	0.01	1.78	14.8	14.2	0.18

England and Wales (Registrar-General's Provisional Figures).

1965	18.0	11.5	0.04	2.23	19.0	15.7	0.25
------	------	------	------	------	------	------	------

TABLE 3. CAUSES OF DEATH BY AGE AND SEX, 1965.

Cause.	Sex.	Age at Death.												Total 1965	Total Deaths	
		Under 4 wks.	4 wks- 1 yr.	1—	5—	15—	25—	35—	45—	55—	65—	75 +	1964		1963	
1 Tuberculosis—Respiratory	M F	— —	— —	— —	— —	— —	— —	— —	1 —	1 —	3 —	— 1	5 1	16 6	21 7	
2 Tuberculosis—Other forms	M F	— —	— —	— —	— —	— —	— —	1 —	— —	1 —	1 —	— —	1 2	1 —	4 2	
3 Syphilitic Disease	M F	— —	— —	— —	— —	— —	— —	— —	— —	1 —	2 3	1 3	4 6	4 2	2 1	
4 Diphtheria	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
5 Whooping Cough	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 —	— —	
6 Meningococcal Infections	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 —	
7 Acute Poliomyelitis	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
8 Measles	M F	— —	1 —	— 1	— —	— —	— —	— —	— —	— —	— —	— —	1 1	— —	3 —	
9 Other Infective/Parasitic Diseases	M F	— —	— —	— 1	— —	— —	1 —	1 —	2 1	2 2	1 1	— 2	7 7	6 9	8 8	
10 Malignant Neoplasm—Stomach	M F	— —	— —	— —	— —	— —	— —	2 —	5 3	21 9	24 8	18 27	70 47	79 31	70 41	
11 Malignant Neoplasm—Bronchus	M F	— —	— —	— —	— —	— —	— 1	4 2	31 5	54 11	67 8	20 9	176 36	209 39	183 23	
12 Malignant Neoplasm—Breast	M F	— —	— —	— —	— —	— —	— 2	— 10	— 24	1 33	— 22	— 29	1 120	1 106	— 91	
13 Malignant Neoplasm—Uterus	F	—	—	—	—	—	1	—	3	5	12	4	25	41	32	
14 Malignant Neoplasm—Others	M F	— —	— —	2 2	1 1	— 2	8 4	11 11	26 31	53 48	76 62	80 67	257 228	252 215	245 239	
15 Leukaemia/Aleukaemia	M F	— —	1 —	1 —	— 1	— 1	— 1	— —	3 —	1 2	2 1	4 7	12 13	17 13	14 12	
16 Diabetes	M F	— —	1 —	— —	— —	— —	— —	— —	2 —	1 10	1 8	6 14	11 32	17 39	20 26	
17 Vascular Lesions—Nervous System	M F	— —	— —	— —	— —	1 —	— 3	8 9	18 20	55 51	90 97	127 266	299 446	287 426	300 446	
18 Coronary Disease and Angina	M F	— —	— —	— —	— —	— —	5 —	18 2	78 10	196 40	196 125	181 202	674 379	657 388	642 396	
19 Hypertension/Heart Disease	M F	— —	— —	— —	— —	— —	— 1	— —	1 —	7 3	8 16	19 38	35 58	33 54	51 66	
20 Other Heart Diseases	M F	— —	1 1	— 1	— —	— 2	4 1	2 5	12 10	20 10	53 47	128 215	220 292	229 301	250 334	
21 Other Circulatory Disease	M F	— —	— —	— —	— —	— 1	— —	3 3	7 2	10 10	31 33	56 73	107 122	123 150	108 132	
22 Influenza	M F	— —	— —	1 —	— —	— —	— —	2 —	— —	1 —	1 —	— —	5 —	17 11	6 3	
23 Pneumonia	M F	5 —	4 5	1 1	— 1	2 2	— —	1 —	5 4	8 7	26 31	94 153	146 204	163 207	201 237	
24 Bronchitis	M F	— —	— —	— —	1 —	— —	— —	1 —	3 —	54 11	59 14	68 39	186 64	194 92	229 91	
25 Other Respiratory Diseases	M F	— —	1 —	— —	— —	— —	— —	1 1	2 1	5 1	15 4	19 10	43 17	56 14	34 26	
26 Ulcer—Stomach/Duodenum	M F	— —	— —	— —	— —	— —	— —	1 —	2 —	5 2	9 4	11 12	28 18	24 15	23 13	
27 Gastritis/Enteritis/Diarrhoea	M F	— 1	— 1	— 1	— —	— —	— —	— —	— 2	2 —	— 4	2 6	4 15	12 22	11 16	
28 Nephritis/Nephrosis	M F	— —	— —	— —	— 1	— 1	2 —	2 —	1 1	3 1	4 5	5 5	17 14	9 15	13 8	
29 Hyperplasia of Prostate	M	—	—	—	—	—	—	—	—	1	10	16	27	26	28	
30 Pregnancy/Childbirth/Abortion	F	—	—	—	—	—	1	1	—	—	—	—	2	1	2	
31 Congenital Malformations	M F	10 12	5 8	5 1	— —	1 1	2 1	1 1	1 1	2 1	— 3	— —	27 29	40 35	24 33	
32 Other Defined and Ill-Defined Diseases	M F	51 27	6 5	3 2	3 1	3 7	4 4	6 9	17 18	22 24	28 42	47 92	190 231	249 229	188 227	
33 Motor Vehicle Accidents	M F	— —	— —	2 2	6 4	21 6	14 2	9 3	9 6	7 1	7 3	8 —	83 27	70 22	77 15	
34 Other Accidents	M F	— —	6 6	5 1	2 —	3 —	3 —	6 1	5 4	7 4	7 8	15 29	59 53	56 77	76 78	
35 Suicide	M F	— —	— —	— —	— —	4 1	2 2	7 4	6 4	6 4	5 4	4 2	34 21	34 29	32 18	
36 Homicide	M F	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 1	1 —	
All Causes	M F	66 40	26 26	20 13	13 9	35 24	45 24	86 63	237 150	546 291	726 565	929 1,305	2,729 2,510	2,883 2,590	2,865 2,623	

TABLE 4. LIVE AND STILLBIRTHS, 1965.

				Males.	Females.	Total.	Rate (per 1,000 pop.).
LIVE BIRTHS—Legitimate				5,135	4,876	10,011	17.41
Illegitimate				352	294	646	1.12
Total				5,487	5,170	10,657	18.53 (18.0)
Illegitimate live births % of total live births : 6.06.							
				Males.	Females.	Total.	Rate (per 1,000 total births).
STILLBIRTHS—Legitimate				75	69	144	14.18
Illegitimate				4	6	10	15.24
Total				79	75	154	14.24 (15.7)
				Males.	Females.	Total.	
TOTAL BIRTHS—Legitimate				5,210	4,945	10,155	
Illegitimate				356	300	656	
Grand Total				5,566	5,245	10,811	

Provisional figures for England and Wales in brackets.

TABLE 5. INFANT MORTALITY, 1965.

				Males.	Females.	Total.	Rate (per 1,000 live births).
UNDER 1 YEAR—Legitimate				81	62	143	14.28
Illegitimate				11	4	15	23.22
Total				92	66	158	14.83 (19.0)
UNDER 4 WKS.—Legitimate				56	37	93	9.29
Illegitimate				10	3	13	20.12
Total				66	40	106	9.95 (13.0)
EARLY NEO- Legitimate				53	31	84	8.39
NATAL Illegitimate				10	3	13	20.12
(Under 1 Wk.)							
Total				63	34	97	9.10 (11.4)

Provisional figures for England and Wales in brackets.

TABLE 6.

MATERNAL MORTALITY, 1965.

<i>Number of Maternal deaths.</i>	<i>Mortality Rate (per 1,000 total births).</i>
2	(Eng. & Wales 0.25) 0.18

TABLE 7.

PERINATAL MORTALITY, 1965.
(Stillbirths and Infant deaths under 1 week).

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Rate (per 1,000 total births).</i>
Legitimate	128	100	228	22.45
Illegitimate	14	9	23	35.06
TOTALS	142	109	251 (Eng. & Wales 26.9)	23.22

TABLE 8.

TOTAL PREMATURE BIRTHS SINGLE AND MULTIPLE, 1965.
(Total notified births 10,610).

Weight Group.	Number of premature births.		Of those born alive :—				% Survival of live births 1965	% Survival of live births 1964
	Born dead.	Born alive.	Number died within 24 hrs.	Number died 1 to under 7 days.	Number died 7-28 days.	Number survived.		
2lbs. 3ozs. or less	13	21	11	6	—	4	19%	8%
Over 2lbs. 3ozs. and up to 3lbs. 4ozs.	26	49	11	8	2	28	57%	37%
Over 3lbs. 4ozs. and up to 4lbs. 6ozs.	27	118	10	7	—	101	86%	83%
Over 4lbs. 6ozs. and up to 4lbs. 15ozs.	10	123	2	2	—	119	97%	95%
Over 4lbs. 15ozs. and up to 5lbs. 8ozs.	12	329	2	4	1	322	98%	97%
TOTALS ..	88	640	36	27	3	574	90%	86%
TOTALS, 1964	96	690	56	36	4	594		

TABLE 9. CAUSES OF STILLBIRTH FOR THE YEARS 1962-1965.

Major factor.	1965	1964	1963	1962
Congenital disorders	33	42	44	48
Haemolytic disease	6	6	9	8
Chronic ill-health of mother	4	7	5	—
Toxaemia of pregnancy and A.P.H.	34	28	46	32
Conditions of placenta and cord	34	27	36	33
Difficulties in labour	3	10	6	13
Unknown	40	36	37	58
Total number of registered stillbirths	154	156	183	192
Stillbirth rate per 1,000 total births	14.2	13.8	17.3	18.6

TABLE 10. CAUSES OF NEONATAL DEATHS (0-28 DAYS) 1962-1965.

Major factor.	1965	1964	1963	1962
Prematurity (birth weight under 4lbs.) ..	48	65	51	51
Asphyxia/Atelectasis (with prematurity) ..	6	9	8	7
Congenital disorders	23	39	31	31
Haemolytic disease of the newborn	1	2	4	—
Birth injury	8	12	10	10
Asphyxia/Atelectasis (without prematurity) ..	9	4	13	8
Respiratory infection	4	3	3	4
Other infection	1	1	4	1
Accident/misadventure	1	—	1	—
Unknown or ill-defined	5	2	5	1
Total	106	137	130	113
Neonatal death rate per 1,000 live births ..	10.0	12.5	12.5	11.2

TABLE 11. CAUSES OF DEATH OF INFANTS AGED 29 DAYS - 1 YEAR, 1962-1965.

Major factor.	1965	1964	1963	1962
Congenital disorders	14	18	17	19
Malignant disease.. .. .	3	2	1	1
Other non-infectious diseases	1	2	3	2
Respiratory infection	9	6	17	16
Other infections	5	11	3	7
Accident/misadventure	17	12	11	14
Unknown or ill-defined	3	—	—	—
Total	52	51	52	59
Death rate per 1,000 live births	4.9	4.6	5.0	5.8

TABLE 12.

CHILD WELFARE CENTRES.

Where held.	C. or V.	When held (all meetings at 2 p.m. unless otherwise stated).	Average no. of children attending each session.	Number of children who attended during the year and who were born in :			Total.
				1965	1964	1960-63	
SUTTON COLDFIELD M.B.							
Bannersgate .. Reay Nadin Drive	C.	Every Friday p.m. ..	26	98	117	272	487
Boldmere Boldmere Road ..	C.	Alternate Fridays a.m. Every Tuesday & Thursday p.m. & Wed. a.m.	27	254	276	507	1,037
Falcon Lodge .. Churchill Road ..	C.	Every Tuesday 2 p.m. & every Thursday all day	28	212	235	541	988
Four Oaks Mere Green Road..	C.	Every Monday & Wednesday 2 p.m. Every Tuesday & Friday 10 a.m.	31	320	401	848	1,569
Hill Harrison Road ..	C.	Thurs. p.m. & alt. Tues. a.m.	26	100	146	410	656
Minworth Kingsbury Close, Kingsbury Road	C.	Alternate Tuesdays ..	21	23	25	59	107
Sutton Coldfield .. 49, Holland Street..	C.	Every Mon. & Wed. p.m. & alt. Tues. a.m.	27	204	173	441	818
Walmley Walmley Road ..	C.	Every Thurs. p.m. & 1st Tues. a.m.	29	107	121	242	470
TOTAL ..			—	1,318	1,494	3,320	6,132
NUNEATON M.B.							
Nuneaton Riversley Park Clinic (Coton Road)	C.	Every Mon. & Wed. .. Toddler Clinic every Tuesday	33	340	147	475	962
Nuneaton Ramsden Avenue, Camp Hill	C.	Every Tuesday & Thursday Toddler clinic—by appt.	34	225	214	261	700
Nuneaton St. Nicholas Park Estate	C.	Every Thurs. all day & Toddler clinic by appt.	18	136	140	127	403
Nuneaton Galley Common Clinic (St. Peter's Church Hall)	C.	Every Friday	24	30	27	49	106
Stockingford .. Cross Street Clinic	C.	Every Mon. & Wed. .. Toddler Clinic—by appt.	27	175	145	265	585
TOTAL ..			—	906	673	1,177	2,756
ATHERSTONE AND BEDWORTH AREA.							
Ansley Social Club ..	C.	Every Wednesday	22	56	50	23	129
Atherstone Station Street ..	C.	Every Wed. & Friday ..	37	173	138	215	526
Baddesley Ensor .. Liberal Club ..	C.	Every Thursday	36	66	74	54	194
Bedworth Newtown Road ..	C.	Every Mon. & Thursday ..	54	351	254	181	786
Bulkington Chequer Street ..	C.	Every Wed. & Thursday ..	36	160	133	149	442
Dordon Parish Hall ..	C.	Alternate Mondays	45	67	35	9	111
Hurley Village Hall ..	C.	Alternate Mondays	22	40	31	18	89
Keresley Newlands .. Bennetts Rd. Clinic	C.	Every Tuesday	33	86	76	69	231
Kingsbury Methodist Hall ..	C.	Alternate Tuesdays ..	35	56	44	35	135
Newton Regis The Institute ..	C.	Alternate Wednesdays ..	24	28	31	35	94
Polesworth Memorial Hall ..	V.	Every Tuesday	35	87	86	50	223
TOTAL ..			—	1,170	952	838	2,960
EASTERN AREA.							
Bilton County Clinic ..	C.	Every Mon. & Wednesday	44	254	259	425	938
Binley Village Hall ..	C.	2nd & 4th Wednesdays ..	47	44	53	75	172
*Bramcote Bramcote Camp ..	C.	1st & 3rd Tuesdays ..	20	6	10	25	41
Brinklow Church Rooms ..	V.	1st & 3rd Wednesdays ..	26	33	50	76	159
Clifton-on-Dunsmore .. Townsend Memorial Hall	C.	2nd Thursday	39	24	36	35	95
Dunchurch W.I. Hall ..	C.	2nd & 4th Thursdays ..	24	33	30	60	123
Hillmorton Coton Road ..	C.	Every Monday	49	110	151	109	370
Long Lawford Memorial Hall ..	C.	Every Tuesday	32	56	73	94	223
Newbold Church House ..	C.	1st & 3rd Fridays	11	25	21	33	79
New Bilton.. .. Methodist Church Hall, Lawford Rd.	C.	Every Wednesday	56	131	136	120	387
Rokeby Rokeby County (P) School	C.	1st & 3rd Saturdays 9-30 a.m.	28	41	61	77	179
Rugby Temple Street ..	V.	Every Tues. & Friday ..	52	312	284	369	965
Stretton-on- Dunsmore Village Hall ..	C.	1st & 3rd Thursdays ..	33	56	60	68	184
Wolston Village Hall ..	C.	2nd & 4th Thursdays ..	26	39	32	47	118
Wolvey Village Hall, Sharpe Street	C.	2nd & 4th Tuesdays ..	24	37	39	51	127
TOTAL ..			—	1,201	1,295	1,664	4,160

II

now. Warwickshire C.C. 2pt of 1463.

A. Dyson B1403 20/1/65 $13\frac{22}{2}$ E $\frac{22}{3}$

CHILD WELFARE CENTRES—(continued).

Where held.	C. or V.	When held (all meetings at 2 p.m. unless otherwise stated).	Average no. of children attending each session.	Number of children who attended during the year and who were born in :			Total.
				1965	1964	1960-63	
NORTH-WESTERN AREA.							
Arley Miners' Welfare Hall	V.	Alternate Tuesdays ..	26	33	33	44	110
Balsall Common .. Women's Institute..	C.	1st & 3rd Wednesdays ..	25	45	58	56	159
Castle Bromwich .. Hurst Lane ..	C.	Every Tuesday & Thursday	24	155	162	276	593
Coleshill Town Hall	V.	Every Monday	40	132	120	95	347
Fillongley Village Hall	C.	1st Friday	15	22	15	18	55
Hampton-in-Arden .. Women's Institute..	C.	1st & 3rd Thursdays ..	15	22	26	20	68
Keresley Welfare Centre Hut	C.	Every Thursday	26	84	89	80	253
Kingshurst Marston Drive ..	C.	Every Monday & Friday ..	24	129	184	261	574
Marston Green .. Free Church Hall ..	C.	Every Friday 10 a.m. ..	34	78	90	77	245
Meriden Village Hall	C.	2nd & 4th Mondays	25	42	54	35	131
Nether Whitacre .. Methodist School Room	C.	3rd Friday	18	23	17	21	61
Water Orton .. Coleshill Road ..	V.	Every Wednesday	36	70	70	92	232
TOTAL ..			—	835	918	1,075	2,828
CENTRAL AREA.							
Baginton Village Hall ..	C.	4th Monday	14	14	6	8	28
Barford Village Memorial Hall	C.	3rd Wednesday 10 a.m. ..	37	21	18	41	80
Bishops Itchington .. Memorial Hall ..	C.	2nd & 4th Wednesdays ..	23	35	23	31	89
Bishops Tachbrook .. Victory Club ..	C.	2nd & 4th Tuesdays ..	19	28	29	13	70
Burton Green .. Village Hall ..	C.	1st Wednesday	24	17	12	20	49
Cubbington Methodist Sunday School	C.	Alternate Tuesdays ..	34	46	35	16	97
Fenny Compton .. Village Hall ..	V.	3rd Tuesday	24	27	25	51	103
Gaydon R.A.F. Station ..	C.	2nd & 4th Thursdays ..	36	34	77	24	135
Harbury Village Hall ..	C.	2nd & 4th Wednesdays ..	29	28	41	47	116
Hatton Village Hall ..	V.	1st Wednesday	21	12	15	11	38
Kenilworth Station Road ..	C.	Every Tuesday & Thursday	41	251	243	179	673
Lapworth Village Hall ..	C.	3rd Wednesday	29	23	11	20	54
Leamington 62, Holly Walk ..	C.	Every Thursday p.m. & Friday a.m. & p.m.	46	433	351	249	1,033
Leamington Brunswick Clinic, Shrubland Street	C.	Every Monday & Wednesday	29	230	149	84	463
Lillington Crown Way ..	C.	Every Thursday & Friday	31	186	176	141	503
Long Itchington .. Village Hall ..	C.	1st & 3rd Wednesdays ..	26	35	32	55	122
Napton Village Hall ..	C.	1st Tuesday	25	12	14	24	50
Radford Semele .. Village Hall ..	C.	2nd Tuesday	24	15	15	15	45
Southam C.W.C. Hut ..	V.	Every Tuesday	33	92	107	72	271
Stockton Village Hall ..	C.	3rd Thursday	20	15	9	17	41
Stoneleigh Village Hall ..	V.	3rd Monday	11	7	11	4	22
Warwick Cape Road ..	C.	Every Monday, Tuesday, Friday	38	295	318	293	906
Whitnash W.I. Hut ..	C.	Every Friday	21	76	89	95	260
TOTAL ..			—	1,932	1,806	1,510	5,248

CHILD WELFARE CENTRES—(continued).

Where held.	C. or V.	When held (all meetings at 2 p.m. unless otherwise stated).	Average no. of children attending each session.	Number of children who attended during the year and who were born in :			Total.
				1965	1964	1960-63	
SOUTHERN AREA.							
Alcester Church Hall ..	V.	Every Friday	37	103	105	66	274
Alderminster .. Village Hall ..	C.	4th Wednesday	9	10	7	6	23
Aston Cantlow .. Working Men's Club (Caravan)	C.	1st Monday	38	21	26	46	93
Bearley W.I. Hut	C.	4th Monday	17	14	20	18	52
Bidford-on-Avon .. Welfare Hut ..	C.	Every Tuesday	18	47	48	41	136
Brailes Village Hall (Caravan)	C.	3rd Wednesday	12	18	13	4	35
Clifford Chambers Jubilee Hall ..	C.	2nd Wednesday	11	6	9	5	20
Earlswood Village Hall ..	V.	2nd & 4th Mondays ..	26	25	37	33	95
Henley-in-Arden .. Public Hall ..	V.	Alternate Mondays ..	37	56	41	50	147
Hillcrest Hillcrest Trailer Park (Caravan)	C.	1st Thursday a.m. ..	21	17	19	17	53
Hockley Heath .. King George VI Memorial Hall	C.	1st & 3rd Tuesdays ..	18	19	17	32	68
Kineton Village Hall ..	V.	Alternate Fridays	37	35	35	55	125
Long Compton .. Village Hall ..	C.	4th Tuesday	18	14	14	13	41
Newbold-on-Stour .. Village Hall ..	C.	2nd Wednesday	19	17	19	13	49
Quinton W.I. (Caravan) ..	C.	2nd Monday	11	9	12	16	37
Salford Priors .. Village Hall ..	C.	3rd Monday	23	23	20	11	54
Snitterfield Village Hall (Caravan)	C.	3rd Wednesday	8	9	15	9	33
Stratford-upon-Avon .. County Area Offices, Alcester Road	C.	Every Tuesday & Wednesday	24	180	195	96	471
Studley Village Hall ..	C.	Every Thursday	64	166	144	82	392
Tanworth-in-Arden .. Village Hall (Caravan)	C.	1st Wednesday	21	14	18	30	62
Tysoe Village Hall ..	C.	2nd Tuesday a.m. ..	15	12	12	13	37
Welford-on-Avon .. Memorial Hall (Caravan)	C.	4th Wednesday, 10 a.m. ..	16	18	22	15	55
Wellesbourne .. Village Hall ..	C.	Every Thursday except 5th in month	21	90	96	57	243
Wootton Wawen .. Village Hall (Caravan)	C.	Alternate Fridays	29	36	46	45	127
TOTAL ..			—	959	990	773	2,722
COUNTY TOTAL ..			—	8,321	8,128	10,357	26,806

C. .. County.
V. .. Voluntary.

* Centre closed in 1965.

TABLE 13. ANTE-NATAL MOTHERHOOD AND RELAXATION CLASSES, 1965.
(1964 in brackets).

	Number of women who attended :—						Total attendances made.	
	Institutional booked.		Domiciliary booked.		Total.			
Sutton Coldfield M.B. ..	340	(328)	87	(83)	427	(411)	2,060	(2,042)
Nuneaton M.B.	140	(131)	237	(209)	377	(340)	2,128	(2,045)
Atherstone/Bedworth Area..	106	(106)	282	(267)	388	(373)	2,340	(1,781)
Eastern Area	135	(118)	92	(74)	227	(192)	1,052	(903)
North-Western Area ..	93	(160)	24	(113)	117	(273)	703	(1,287)
Central Area	106	(134)	248	(296)	354	(430)	1,824	(2,416)
Southern Area	159	(226)	65	(70)	224	(296)	1,047	(1,021)
TOTAL ..	1,079	(1,203)	1,035	(1,112)	2,114	(2,315)	11,154	(11,495)

TABLE 14.

MIDWIFERY.

NUMBER OF MIDWIVES PRACTISING AT THE END OF EACH YEAR 1961-1965.

Year.	Domiciliary.		Institutional.	
	Employed by the County Council.	In private practice.	Employed by the Hospital Management Committees.	Employed by Nursing Homes.
1965	124	6	161	5
1964	129	5	147	7
1963	132	10	131	3
1962	123	11	126	3
1961	123	12	127	4

TABLE 15.

NUMBER OF NOTIFIED BIRTHS DURING 1965 IN EACH AREA

(1964 in brackets) (adjusted to Area of residence).

	Adjusted number of notified births.		% Domiciliary.		% Institutional.	
Sutton Coldfield M.B. ..	1,427	(1,458)	40	(36)	60	(64)
Nuneaton M.B.	1,208	(1,204)	47	(51)	53	(49)
Atherstone/Bedworth Area..	1,467	(1,249)	51	(49)	49	(51)
Eastern Area	1,543	(1,458)	44	(42)	56	(58)
North-Western Area ..	1,035	(1,825)	36	(45)	64	(55)
Central Area	2,478	(2,498)	40	(41)	60	(59)
Southern Area	1,452	(1,483)	25	(24)	75	(76)
Total	10,610	(11,175)	40	(41)	60	(59)
„ 1963 ..	10,563		41		59	
„ 1962 ..	10,258		41		59	
„ 1961 ..	9,880		43		57	

TABLE 16.

HOME NURSING.

CASES ATTENDED DURING 1964 and 1965.

(1964 figures in brackets).

Number of cases aged under 5	211	..	(293)
Number of cases aged 65 and over	4,287	..	(4,268)
All other cases	2,857	..	(2,946)
Total	7,355	..	(7,507)

A total of 266,620 visits were paid during the year compared with 256,265 in 1964.

TABLE 17.		HEALTH VISITING.	
		VISITS MADE DURING 1964 AND 1965. (1964 figures in brackets).	
		<i>First Visits.</i>	<i>Total Visits.</i>
Child Welfare—Children under 5 years ..	39,455 (42,759) ..	116,468 (128,345)	
Ante-natal	1,670 (1,793) ..	2,534 (2,807)	
Persons aged 65 and over	3,104 (3,017) ..	9,324 (9,838)	
Mentally disordered persons	90 (115) ..	460 (423)	
Discharges from hospital (other than mental hospitals)	103 (143) ..	152 (246)	
T.B. households	582 (814) ..	1,255 (1,831)	
Other infectious disease households	66 (20) ..	130 (49)	
All other cases	970 (908) ..	1,907 (1,828)	
Total	46,040 (49,569) ..	132,230 (145,367)	
School Nursing :			
Personal hygiene follow-up	737 (931)		
Other follow-up	3,142 (3,660)		
Special visits to schools	1,794 (1,999)		
Total	5,673 (6,590)		
Grand Total	137,903 (151,957)		

TABLE 18.		SCHEME FOR THE CARE OF THE ILLEGITIMATE CHILD AND ITS MOTHER.			
NEW CASES NOTIFIED IN YEAR ENDED 31ST DECEMBER, 1965.					
(The 1964 figures are given in brackets).					
Source of notification.	Number of cases notified.				
	Requiring ante-natal or post-natal accommoda- tion, help, and advice.	Requiring help and/or advice only.	Not requiring help or advice.	Total.	
Moral Welfare Societies	28 (23)	7 (15)	26 (25)	61 (63)	
Medical Officers, Nurses and Midwives	29 (24)	69 (55)	92 (119)	190 (198)	
General Practitioners	39 (45)	29 (38)	2 (5)	70 (88)	
Probation Officers	3 (6)	5 (—)	— (—)	8 (6)	
Hospital Almoners and Matrons ..	31 (26)	77 (47)	3 (5)	111 (78)	
Self-referred	13 (17)	16 (17)	— (1)	29 (35)	
Miscellaneous Sources	11 (19)	9 (11)	— (5)	20 (35)	
TOTALS	154 (160)	212 (183)	123 (160)	489 (503)	

TABLE 19. ANTE-NATAL AND POST-NATAL CLINICS.

Clinic.	Medical Officer and when held.	Ante-natal.		Post-natal.	
		No. of women who attended.	No. of attend- ances.	No. of women who attended.	No. of attend- ances.
NUNEATON M.B. Cross Street, Stockingford.	Mr. D. W. HENDRY 1st & 3rd Thursdays, 2 p.m.	43	132	20	21
ATHERSTONE/ BEDWORTH AREA Newtown Road, Bedworth.	Mr. D. W. HENDRY Every Tuesday, 10 a.m.	278	1,180	17	17
EASTERN AREA Temple Street, Rugby.	Mr. J. R. OWEN Every Wednesday, 2 p.m.	236	441	1	1
The service for blood sampling on G.P.'s requests continues in Sutton Coldfield.	TOTALS 1965 ..	557	1,753	38	39
	TOTALS 1964 ..	579	1,817	34	38

TABLE 20. DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN, 1965.

	Expectant and Nursing Mothers.				Pre-school Children.			
	Exam- ined.	Needing treat- ment.	Treated. *	Made dentally fit.*	Exam- ined.	Needing treat- ment.	Treated. *	Made dentally fit.*
Sutton Coldfield M.B.	65	57	41	32	203	137	206	120
Nuneaton M.B. ..	13	13	20	16	79	67	110	53
Atherstone/ Bedworth Area ..	—	—	—	—	21	20	18	10
Eastern Area ..	10	10	10	3	176	132	170	100
North-Western Area	16	16	14	7	167	122	156	56
Central Area ..	79	78	56	32	288	162	336	107
Southern Area ..	20	20	15	11	149	77	73	40
Totals 1965 ..	203	194	156	101	1,083	717	1,069	486
1964	189	177	146	107	995	707	499	422
1963	189	175	135	104	906	603	523	447
1962	230	223	217	180	804	549	495	436
1961	312	299	261	178	786	573	503	406

* Including cases carried over from previous year.

TABLE 21. FORMS OF DENTAL TREATMENT PROVIDED.

Number of	To Expectant and Nursing Mothers.	To Pre-School Children.
Extractions .. .	191	454
Teeth filled .. .	364	630
General Anaesthetics .. .	14	206
Dentures—Complete .. .	12	—
—Partial .. .	15	—
Crowns .. .	5	—
Inlays .. .	2	—
Other treatments .. .	189	550

REGISTRATION OF NURSING AND MATERNITY HOMES

TABLE 22. NURSING AND MATERNITY HOMES ON REGISTER,
31st DECEMBER, 1965.

	Home.	No. of Beds.			
		Maternity.	Other.	Total.	
Sutton Coldfield M.B.	“ Hartopp Court,” 26, Hartopp Road, Four Oaks.	—	29	29	
	“ Roxton,” 154, Birmingham Road, Sutton Coldfield.	—	17	17	
	“ Sutton Coldfield,” 71, Lichfield Road, Sutton Coldfield.	—	14	14	
	The Warwickshire Cheshire Home, 39, Vesey Road, Sutton Coldfield.	—	16	16	
	“ Wylde Green,” 158, Birmingham Road, Sutton Coldfield.	—	11	11	
Central Area.	*“ Breton Lodge,” 93, Holly Walk, Leamington Spa.	—	18	18	
	†“ Claremont,” 19, Beauchamp Avenue, Leamington Spa.	—	41	41	
	“ Dunara,” 34, Lillington Road, Leamington Spa.	—	14	14	
	“ Eversleigh,” 2, Clarendon Place, Leamington Spa.	6	7	13	
	†Lapworth Convalescent Homes Ltd., Chesetts Wood Road, Lapworth.	—	12	12	
	“ River Park,” Blackdown, Leamington Spa.	10	14	24	
	Royal Midland Counties Home for Incurables, Lillington Road, Leamington Spa.	—	42	42	
1965 Number of Homes	12	Number of Beds	16	235	251
1964	“ “ “ 12	“ “ “ “ “	14	226	240
1963	“ “ “ 9	“ “ “ “ “	14	171	185
1962	“ “ “ 9	“ “ “ “ “	14	164	178
1961	“ “ “ 9	“ “ “ “ “	14	164	178

† Also registered as a mental nursing home.
* Now closed.

TABLE 23. NOTIFICATION OF INFECTIOUS DISEASES.

Summary of Returns of Medical Officers of Health for the year ended 31st December, 1965.
(For notification of Tuberculosis see Table 30).

Area and County Districts.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Measles (excluding Rubella).	Acute Pneumonia (Primary or Influenzal).	Meningococcal Infection.	Acute Poliomyelitis.	Acute Encephalitis.	Ophthalmia Neonatorum.	Puerperal Pyrexia.	Smallpox.	Typhus.	Erysipelas.	Malaria. *	Dysentery.	Paratyphoid Fevers.	Enteric or Typhoid Fever.	Food Poisoning.
Sutton Coldfield M.B. ..	52	24	—	1,094	12	—	—	—	1	1	—	—	2	—	2	—	—	—
Nuneaton M.B.	18	—	—	325	10	—	—	—	—	—	—	—	—	—	1	—	—	—
Atherstone/Bedworth																		
Bedworth U.D.	4	—	—	321	1	—	—	—	—	—	—	—	—	—	15	—	—	2
Atherstone R.D.	13	2	—	379	1	—	—	—	—	1	—	—	—	—	—	—	—	—
TOTAL	17	2	—	700	2	—	—	—	—	1	—	—	—	—	15	—	—	2
Eastern.																		
Rugby M.B.	28	11	—	912	24	1	—	—	—	—	—	—	1	—	13	2	1	1
Rugby R.D.	7	8	—	142	1	—	—	—	—	—	—	—	1	—	2	—	—	—
TOTAL	35	19	—	1,054	25	1	—	—	—	—	—	—	2	—	15	2	1	1
North Western.																		
Meriden R.D.	28	31	—	1,077	13	—	—	—	3	45	—	—	2	—	22	—	—	—
Central.																		
Leamington M.B. ..	6	—	—	277	3	—	—	—	—	1	—	—	1	—	24	1	—	2
Warwick M.B.	2	4	—	148	1	—	—	—	—	—	—	—	—	1	—	—	—	—
Kenilworth U.D. ..	2	—	—	59	—	—	—	—	—	—	—	—	—	—	1	—	—	11
Southam R.D.	8	1	—	276	4	—	—	—	3	2	—	—	—	—	4	—	—	—
Warwick R.D.	5	5	—	224	2	—	—	—	—	1	—	—	2	—	30	—	—	2
TOTAL	23	10	—	984	10	—	—	—	3	4	—	—	3	1	59	1	—	15
Southern.																		
Stratford-upon-Avon																		
M.B.	2	—	—	41	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Alcester R.D.	1	1	—	79	16	—	—	—	—	—	—	—	—	—	1	—	—	—
Shipston-on-Stour R.D.	1	—	—	96	3	—	—	—	—	2	—	—	—	—	—	—	—	—
Stratford-on-Avon R.D.	8	—	—	232	—	—	—	—	—	2	—	—	1	—	1	2	—	—
TOTAL	12	1	—	448	19	—	—	—	—	4	—	—	1	—	2	2	—	—
COUNTY TOTALS	185	87	—	5,682	91	1	—	—	7	55	—	—	10	1	116	5	1	18
1964	166	175	—	3,183	142	3	—	—	1	20	—	—	11	1	212	3	3	33
1963	155	221	—	7,714	118	3	1	—	45	128	—	—	15	1	545	2	7	74

* Contracted abroad.

Diphtheria—last case notified in 1951.

Infective Hepatitis : Rugby M.B.—23 cases, Rugby R.D.—5 cases,
notified under Section 147 of the Public Health Act, 1936.

DIPHTHERIA IMMUNISATION.

TABLE 24. NUMBER OF IMMUNISATIONS CARRIED OUT DURING 1965.

	<i>Number of children who completed a full course of primary immunisation.</i>				<i>Number of children given reinforcing injection.</i>
	<i>Age at final injection.</i>				
	<i>Under 1.</i>	<i>1—4</i>	<i>5—15</i>	<i>Total.</i>	
Sutton Coldfield M.B. ..	543	702	15	1,260	1,876
Nuneaton M.B.	325	605	96	1,026	890
Atherstone/Bedworth Area	535	592	45	1,172	1,287
Eastern Area	573	674	9	1,256	1,539
North-Western Area ..	296	780	19	1,095	1,948
Central Area	631	1,242	17	1,890	3,056
Southern Area	687	743	38	1,468	2,483
Total 1965 ..	3,590	5,338	239	9,167	13,079
Total 1964 ..	7,275	1,126	299	8,700	11,975
Total 1963 ..	6,873	1,575	461	8,909	12,754

WHOOPING COUGH IMMUNISATION.

TABLE 25. NUMBER OF IMMUNISATIONS CARRIED OUT DURING 1965.

	<i>Number of children who completed a full course of primary immunisation.</i>			<i>Number of children given reinforcing injection.</i>
	<i>Age at final injection.</i>			
	0—4	5—15	<i>Total.</i>	
Sutton Coldfield M.B.	1,241	4	1,245	1,062
Nuneaton M.B.	930	90	1,020	872
Atherstone/Bedworth Area	1,125	23	1,148	698
Eastern Area	1,242	9	1,251	1,220
North-Western Area	1,072	5	1,077	522
Central Area	1,870	9	1,879	1,114
Southern Area	1,420	8	1,428	996
Total 1965	8,900	148	9,048	6,484
Total 1964	8,342	146	8,488	6,729
Total 1963	8,355	170	8,525	7,277

TETANUS IMMUNISATION.

TABLE 26. NUMBER OF IMMUNISATIONS CARRIED OUT DURING 1965.

	<i>Number of children who completed a full course of primary immunisation.</i>			<i>Number of children given reinforcing injection.</i>
	<i>Age at final injection.</i>			
	0—4	5—15	<i>Total.</i>	
Sutton Coldfield M.B.	1,244	239	1,483	1,792
Nuneaton M.B.	933	125	1,058	862
Atherstone/Bedworth Area	1,129	243	1,372	1,292
Eastern Area	1,252	211	1,463	1,533
North-Western Area	1,082	416	1,498	1,516
Central Area	1,873	62	1,935	2,320
Southern Area	1,432	140	1,572	1,712
Total 1965	8,945	1,436	10,381	11,027
Total 1964	8,550	1,698	10,248	8,423
Total 1963	8,547	949	9,496	7,507

POLIOMYELITIS VACCINATION.

TABLE 27. NUMBER OF VACCINATIONS CARRIED OUT DURING 1965.

	<i>Number of children who completed a primary course of vaccination.</i>			<i>Number of children given reinforcing dose.</i>
	<i>Age at completion of Primary course.</i>			
	0—4	5—15	<i>Total.</i>	
Sutton Coldfield M.B.	1,417	46	1,463	12,706
Nuneaton M.B.	976	97	1,073	431
Atherstone/Bedworth Area	998	58	1,056	653
Eastern Area	1,436	56	1,492	690
North-Western Area	1,121	519	1,640	1,168
Central Area	1,746	61	1,807	1,107
Southern Area	1,473	77	1,550	1,162
Total 1965	9,167	914	10,081	17,917
Total 1964	8,988	772	9,760	5,885
Total 1963	8,453	626	9,079	3,318

TABLE 28.

SMALLPOX VACCINATION.

	Number of children under 16 vaccinated during the year.				Number of children Re- vaccinated.
	Age.				
	Under 1.	1—4	5—15	Total.	
Sutton Coldfield M.B. ..	88	529	23	640	54
Nuneaton M.B.	2	239	16	257	34
Atherstone/Bedworth Area	26	358	17	401	5
Eastern Area	36	884	33	953	47
North-Western Area ..	19	582	25	626	23
Central Area	55	598	16	669	58
Southern Area	60	784	34	878	480
Total 1965 ..	286	3,974	164	4,424	701
Total 1964 ..	Under 1.	1—4	5—14	Total	462
	620	4,375	154	5,149	
Total 1963 ..	882	2,594	240	3,716	392

TABLE 29.

VENEREAL DISEASES.

NEW CASES DEALT WITH AT CLINICS DURING THE YEAR ENDED 31ST DECEMBER, 1965.

<i>Clinic.</i>	<i>Syphilis.</i>		<i>Gonorrhoea.</i>		<i>Total V.D.</i>		<i>Not Venereal Disease.</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
Warneford Hospital	2	1	24	8	26	9	55	51
Coventry and Warwickshire Hospital	2	—	26	7	28	7	76	25
General Hospital, Birmingham ..	6	1	29	8	35	9	150	39
Hospital of St. Cross, Rugby ..	2	—	7	—	9	—	34	14
Nuneaton V.D. Clinic	1	2	8	4	9	6	48	13
Total 1965	13	4	94	27	107	31	363	142
Total 1964	6	3	95	30	101	33	374	122

TABLE 30.

TUBERCULOSIS, 1965.

		NEW NOTIFICATIONS.						NO. OF CASES ON COUNTY REGISTER AT END OF 1965.						DEATHS.					
		Pulmonary.			Other Forms.			Pulmonary.			Other Forms.			Pulmonary.			Other Forms.		
		M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
SUTTON COLDFIELD M.B.	..	4	2	6	—	—	—	196	144	340	11	26	37	—	—	—	—	—	—
NUNEATON M.B.	..	10	6	16	3	2	5	105	85	190	27	24	51	—	—	—	—	—	—
ATHERSTONE/BEDWORTH AREA.																			
Bedworth U.D.	..	5	4	9	1	3	4	184	159	343	17	26	43	—	1	1	—	—	—
Atherstone R.D.	..	3	1	4	—	—	—	61	42	103	10	16	26	1	—	1	—	—	—
TOTALS	..	8	5	13	1	3	4	245	201	446	27	42	69	1	1	2	—	—	—
EASTERN AREA.																			
Rugby M.B.	..	5	5	10	2	1	3	191	144	335	10	23	33	3	—	3	1	—	1
Rugby R.D.	..	5	1	6	1	1	2	79	37	116	2	6	8	—	—	—	—	—	—
TOTALS	..	10	6	16	3	2	5	270	181	451	12	29	41	3	—	3	1	—	1
NORTH-WESTERN AREA.																			
Meriden R.D.	..	14	4	18	1	3	4	215	144	359	19	35	54	—	—	—	—	2	2
CENTRAL AREA.																			
Leamington Spa M.B.	..	18	4	22	4	4	8	103	51	154	10	10	20	1	—	1	—	—	—
Warwick M.B.	..	—	—	—	1	3	4	31	18	49	7	5	12	—	—	—	—	—	—
Kenilworth U.D.	..	—	—	—	—	—	—	32	17	49	3	3	6	—	—	—	—	—	—
Souham R.D.	..	4	2	6	—	—	—	18	22	40	7	1	8	—	—	—	—	—	—
Warwick R.D.	..	3	1	4	2	—	2	84	28	112	5	8	13	—	—	—	—	—	—
TOTALS	..	25	7	32	7	7	14	268	136	404	32	27	59	1	—	1	—	—	—
SOUTHERN AREA.																			
Stratford-upon-Avon M.B.	..	1	1	2	—	1	1	19	19	38	4	5	9	—	—	—	—	—	—
Alcester R.D.	..	—	—	—	—	—	—	20	13	33	—	8	8	—	—	—	—	—	—
Shipston-on-Stour R.D.	..	1	5	6	—	—	—	14	8	22	—	4	4	—	—	—	—	—	—
Stratford-on-Avon R.D.	..	2	5	7	—	—	—	25	31	56	7	5	12	—	—	—	—	—	—
TOTALS	..	4	11	15	—	1	1	78	71	149	11	22	33	—	—	—	—	—	—
COUNTY TOTALS	..	75	41	116	15	18	33	1,377	962	2,339	139	205	344	5	1	6	1	2	3
1964	..	74	46	120	15	19	34	1,446	1,015	2,461	143	203	346	16	6	22	1	—	1
1963	..	78	41	119	9	20	29	1,478	1,056	2,534	141	192	333	21	7	28	4	2	6
1962	..	105	68	173	19	14	33	1,605	1,163	2,768	154	200	354	19	5	24	2	1	3
1961	..	97	60	157	16	21	37	1,653	1,201	2,854	152	203	355	17	2	19	—	2	2

TABLE 31.

NEW NOTIFICATIONS OF PULMONARY TUBERCULOSIS, 1964 and 1965.
BY AGE, SEX & STAGE OF DISEASE (1964 figures in brackets).

	Males.						Females.					
	Early.			Inter.			Early.			Inter.		
	T.B.—		T.B.+	T.B.—		T.B.+	T.B.—		T.B.+	T.B.—		T.B.+
	Total class-ified.			Late.			Late.			Late.		
Under 15 ..	7 (3)	—	(—)	1 (3)	—	(—)	—	(—)	11 (5)	—	(—)	— (1)
15 to 24 ..	2 (4)	1 (3)	1 (2)	3 (2)	—	(—)	—	(—)	3 (6)	2 (2)	— (1)	— (—)
25 to 34 ..	6 (3)	1 (1)	1 (—)	1 (2)	1 (—)	2 (—)	2 (4)	2 (1)	2 (4)	— (4)	4 (1)	— (—)
35 to 44 ..	5 (2)	—	(1)	— (2)	—	(—)	3 (2)	1 (—)	3 (2)	1 (1)	— (7)	— (—)
45 to 54 ..	5 (2)	4 (1)	1 (3)	3 (4)	—	(1)	—	(2)	—	(1)	1 (1)	— (—)
55 to 64 ..	1 (4)	1 (1)	2 (4)	8 (8)	—	(—)	—	(2)	—	(1)	— (—)	— (—)
65 and over ..	— (2)	1 (1)	1 (1)	3 (3)	—	(—)	—	(1)	—	(—)	1 (—)	— (—)
Total ..	26 (20)	8 (8)	7 (15)	22 (23)	1 (1)	11 (7)	19 (22)	6 (3)	4 (10)	6 (10)	1 (1)	5 (—)
												41 (46)

TABLE 32. NOTIFICATIONS OF NON-PULMONARY TUBERCULOSIS, 1965.

(Primary notifications and posthumous notifications).

ANALYSIS BY SITE.

Site.	1965.			Total.	Total 1964	Total 1963
	Male.	Female.				
Glands—Mainly Cervical ..	6	11	17	14	14	
Meninges ..	—	—	—	—	1	
Bones and Joints ..	1	1	2	4	4	
Abdomen ..	—	2	2	2	5	
Genito-Urinary ..	8	4	12	13	6	
Misc. ..	—	—	—	2	2	
TOTAL ..	15	18	33	35	32	

TABLE 33.

MASS RADIOGRAPHY SURVEYS IN WARWICKSHIRE, 1965. *

Resident Area of Persons examined.	Estimated number of Miniature examinations in age groups. (Based on an analysis of 10% sample of all record cards for the year).							Total.	Resulting notified cases of pulmonary tuberculosis divided into age groups. (Information obtained from Chest Clinics six months after referral).							
	14 yrs. and under	15 to 24 yrs.	25 to 34 yrs.	35 to 44 yrs.	45 to 54 yrs.	55 to 64 yrs.	65 yrs. and over.		14 yrs. and under	15 to 24 yrs.	25 to 34 yrs.	35 to 44 yrs.	45 to 54 yrs.	55 to 64 yrs.	65 yrs. and over.	Total.
Nuneaton M.B.	150	390	600	810	450	290	90	2,780	—	—	—	2 (2)	—	—	—	2 (2)
Atherstone R.D.	..	10	20	30	20	—	10	90	—	—	—	—	—	—	—	—
Bedworth U.D.	..	10	130	200	150	110	20	700	—	—	1	—	—	—	—	1
Rugby M.B.	..	140	1,470	1,250	1,200	550	70	5,550	—	2	1	—	—	—	—	3
Rugby R.D.	..	50	540	350	270	120	—	1,590	—	—	1	1 (1)	—	—	—	2 (1)
Meriden R.D.	..	—	310	240	270	260	10	1,410	—	—	—	—	—	—	—	—
Leamington Spa M.B.	..	40	490	520	490	170	110	2,210	—	1	—	—	—	1 (1)	—	2 (1)
Warwick M.B.	..	10	120	130	130	80	10	590	—	—	—	—	—	—	—	—
Kenilworth U.D.	..	—	140	210	150	110	10	720	—	—	—	—	—	—	—	—
Southam R.D.	..	90	200	230	170	60	40	960	—	—	—	—	—	—	—	—
Warwick R.D.	..	—	80	100	320	340	270	1,410	—	—	—	—	—	—	—	—
Stratford-upon-Avon M.B.	..	—	50	40	10	—	—	120	—	—	—	—	—	—	—	—
Alcester R.D.	..	30	100	170	150	80	30	760	—	—	—	—	—	—	—	—
Shipston-on-Stour R.D.	..	90	50	20	50	—	—	230	—	—	—	—	—	—	—	—
Stratford-upon-Avon R.D.	..	190	70	40	50	10	—	400	—	—	—	—	—	—	—	—
TOTAL	..	800	4,150	4,120	4,250	3,350	670	19,520	—	3	3	3 (3)	—	1 (1)	—	10 (4)
									—	0.73	0.73	0.71	—	0.46	—	0.51

* Figures kindly supplied by Dr. Gordon Evans of the Coventry Mass Radiography Unit.

Figures in brackets are T.B.+ (Included in totals).

In addition to the above, certain Warwickshire County residents were examined in Birmingham by the Birmingham Mass Radiography Service. No information is available as to the total number of such examinations, but 3 tuberculosis cases were notified as a result. (Figures kindly supplied by Dr. L. A. McDOWELL of the Birmingham Mass Radiography Service).

TABLE 34.

B.C.G. VACCINATION, 1965.
CONTACT SCHEME.

The majority of these vaccinations were of child contacts
of cases of tuberculosis.

	<i>Number skin tested.</i>	<i>Number found negative.</i>	<i>Number given B.C.G. vaccination.</i>
Sutton Coldfield M.B.	46	43	43
Nuneaton M.B.	53	38	38
Atherstone/Bedworth Area ..	23	19	41
Eastern Area	143	123	105
North-Western Area	32	32	41
Central Area	60	60	81
Southern Area	44	43	50
Total 1965	401	358	399
Total 1964	441	352	436
Total 1963	434	399	484

TABLE 35.

B.C.G. VACCINATION, 1965.
SCHOOL CHILDREN AND STUDENT SCHEME.

	<i>Number skin tested.</i>	<i>Number found negative.</i>	<i>Number given B.C.G. vaccination.</i>
Sutton Coldfield M.B.	—	—	—
Nuneaton M.B.	447	399	399
Atherstone/Bedworth Area ..	871	739	739
Eastern Area	305	247	222
North-Western Area	505	328	315
Central Area	1,238	972	972
Southern Area	189	103	103
Total 1965	3,555	2,788	2,750
Total 1964	5,091	4,034	4,002
Total 1963	3,974	3,218	3,159

TABLE 36.

TUBERCULOSIS CASES ASSISTED DURING 1965.

	<i>Free Extra Rations.</i>				<i>Bedding, Clothing, etc.</i>			
	<i>Men.</i>	<i>Women.</i>	<i>Children.</i>	<i>Total.</i>	<i>Men.</i>	<i>Women.</i>	<i>Children.</i>	<i>Total.</i>
Sutton Coldfield M.B. ..	1	1	2	4	1	—	—	1
Nuneaton M.B.	6	5	—	11	—	—	—	—
Atherstone/Bedworth Area ..	5	6	—	11	—	—	—	—
Eastern Area	5	—	—	5	1	—	—	1
North-Western Area	7	1	1	9	—	—	—	—
Central Area	12	2	—	14	4	1	—	5
Southern Area	1	1	—	2	2	2	1	5
Total 1965 ..	37	16	3	56	8	3	1	12
Total 1964 ..	53	20	3	76	3	3	—	6
Total 1963 ..	57	24	5	86	13	8	1	22
Total 1962 ..	87	39	4	130	16	9	4	29
Total 1961 ..	109	36	2	147	18	4	3	25

CARE AND AFTER-CARE.

TABLE 37.

LOAN SCHEME.

	ITEMS ISSUED IN 1965.							TOTAL ISSUES.			Items still on loan at 31st Dec., 1965
	Sutton Cold-field M.B.	Nuneaton M.B.	Atherstone and Bedworth Area	Eastern Area	North-Western Area	Central Area	Southern Area	1965	1964	1963	
Beds and Bedding.											
Beds, Hospital and other types	20	13	46	31	18	35	29	192	176	191	166
Beds, Cot, Adult	6	—	—	—	1	—	—	7	13	7	7
Beds, Side Rails	2	2	6	16	6	15	10	57	48	62	13
Blankets	1	—	34	—	—	1	28	64	56	109	130
Mattresses, Dunlopillo ..	34	17	44	34	20	60	36	245	254	260	241
" Other types	—	—	1	—	—	—	—	1	3	—	2
" Covers	—	—	—	—	—	—	—	—	1	—	19
Pillows, Staff	—	—	18	—	—	6	20	44	12	3	93
" Foam & Dunlopillo ..	3	7	—	—	—	—	—	10	42	57	11
" Cases, Staff	—	—	16	8	1	—	38	63	46	64	73
" Plastic	—	—	—	2	2	—	—	4	9	4	1
Sheets, Staff	6	—	32	6	24	6	40	114	121	116	119
Sheeting, Rubber & Plastic, Yds.	97	76	66	106	54	262	44	705	670	746	749
Bed Accessories.											
Air Rings	40	17	10	28	20	48	10	173	159	158	131
Alarms, Enuresis	56	22	42	41	25	60	51	297	309	310	195
Back Rests	94	26	21	51	48	115	41	396	376	282	299
" Covers	—	—	—	1	1	2	—	4	9	6	7
Bed Blocks, Pairs	1	—	1	1	—	3	4	10	12	19	17
" Boards	7	—	2	12	7	12	—	40	28	50	55
" Cradles	36	22	19	15	8	40	31	171	147	171	136
" Pans	163	63	65	117	67	194	70	739	682	641	592
" Tables	3	—	2	1	8	7	—	21	18	24	15
Bottles, Urine	27	19	14	43	16	66	15	200	200	189	186
Cushions, Dunlopillo	7	2	3	6	1	12	12	43	63	79	56
Poles, Lifting	12	—	8	9	6	10	15	60	100	73	62
Pressure Pad Units	16	1	17	12	4	33	15	98	76	50	22
Sheets, Draw	—	69	32	—	—	—	52	153	136	121	129
Orthopaedic Accessories.											
Carriage, Spinal	—	—	—	—	—	2	—	2	1	2	4
Chairs, Invalid Folding and Self-Propelling	70	42	45	89	59	116	90	511	523	456	467
Chairs, Push, Twin	2	—	—	—	—	1	—	3	2	2	2
" Feeding	—	—	—	—	—	—	—	—	—	1	1
" Baby modified	—	—	—	—	—	—	—	—	1	—	1
" Working	—	—	—	—	—	—	—	—	1	1	2
Chairs seat lifting and Powell	—	—	—	—	—	—	—	—	2	2	1
Crutches, Pairs	4	—	5	—	1	10	—	20	11	15	11
" Elbow, Single	29	2	2	—	6	7	8	54	77	56	86
Hoists	6	1	3	5	1	10	4	30	25	21	28
Slings	10	—	6	8	1	19	11	55	55	47	60
Splints	—	—	—	—	—	—	—	—	—	1	—
Sticks, Walking, Tripod and Quadruped	57	23	52	28	41	90	51	342	367	283	483
Walking Aids	10	—	—	6	9	10	12	47	29	22	49
Miscellaneous.											
Commodore, all types	144	45	68	99	66	185	64	671	602	533	500
Cups, Feeding	—	1	1	1	1	1	—	5	6	5	2
Dish, Kidney	—	—	—	1	—	—	—	1	1	—	1
Fireguards	—	20	1	—	—	—	—	21	25	22	59
Fires, Electric	—	—	—	—	—	—	—	—	—	—	—
Mugs, Sputum	—	1	—	—	—	—	—	1	3	7	5
Pails, E.I., c/w lid	—	—	—	—	—	—	—	—	—	—	—
Seats, Bath	15	—	—	—	—	—	—	15	7	5	13
" Toilet, Inflatable ..	—	—	—	—	—	—	—	—	—	—	—
Sandbags	—	—	2	2	—	—	—	4	—	4	—
Towels	—	—	—	—	—	—	—	—	—	—	—
TOTAL	978	491	684	779	522	1,438	801	5,693	5,504	5,277	5,301
Disposable Items.											
Sputum cups	156	—	150	887	150	50	600	1,993	1,200	350	
Incontinence Pads	13,706	3,496	6,200	17,500	5,800	9,900	18,900	75,502	40,691	17,600	

TABLE 38. NUMBER OF CASES ADMITTED TO CONVALESCENT HOMES
1965.

					Men.		Women.		Pre-School Children.		Total	
					No. of Cases.	Total Weeks.	No. of Cases.	Total Weeks.	No. of Cases.	Total Weeks.	No. of Cases.	Total Weeks.
Sutton Coldfield M.B.	..				3	6	4	8	7	14	14	28
Nuneaton M.B.	..				4	8	6	12	1	4	11	24
Atherstone/Bedworth Area	..				3	6	3	6	—	—	6	12
Eastern Area	..				—	—	9	18	—	—	9	18
North-Western Area	..				2	4	9	18	—	—	11	22
Central Area	..				2	4	6	12	—	—	8	16
Southern Area	..				6	12	11	22	—	—	17	34
Totals	1965	..			20	40	48	96	8	18	76	154
„	1964	..			19	41	50	99	—	—	69	140
„	1963	..			20	41	35	73	—	—	55	114
„	1962	..			23	47	46	91	1	4	70	142
„	1961	..			17	33	51	117	—	—	68	150
Average stay in weeks :												
	1965	..			2.0		2.0		2.2		2.0	
	1964	..			2.2		2.0		—		2.0	
	1963	..			2.1		2.1		—		2.1	
	1962	..			2.0		2.0		4.0		2.0	
	1961	..			1.9		2.3		—		2.2	

TABLE 39. HOME HELP SERVICE.

	Cases attended during 1965.							No. of home helps employed 31st Dec. (part-time)*	Approx. average weekly hours per home help.
	Aged 65 or over.	Aged Under 65.					Total.		
		Mat-ernity.	T.B.	Chronic Sick.	Mentally Disordered	Others.			
Sutton Coldfield M.B.	258	180	1	34	7	67	547	54	18
Nuneaton M.B. ..	302	42	2	23	3	41	413	86	18
Atherstone/Bedworth Area	311	39	1	45	8	6	410	112	14
Eastern Area ..	357	77	3	52	2	35	526	76	16
North-Western Area	182	66	2	40	3	22	315	81	13
Central Area ..	495	148	1	62	6	47	759	105	14
Southern Area ..	502	62	1	62	—	47	674	124	17
Total 1965 ..	2,407	614	11	318	29	265	3,644	638	16
„ 1964 ..	2,302	639	5	275	27	287	3,535	648	15
„ 1963 ..	2,164	547	9	204	17	216	3,157	605	—
„ 1962 ..							3,029	591	—
„ 1961 ..							2,611	518	—

* No full-time Home Helps employed.

A Home Help Organiser is employed in each Area.

HOME HELP SERVICE (continued).

TABLE 40.

SIZE OF SERVICE IN 1965.

	<i>Number of Home Help Hours provided for persons.</i>			<i>Calculated number of Hours per 1,000 relevant population.</i>		
	<i>Aged under 65.</i>	<i>Aged 65 and over.</i>	<i>Total.</i>	<i>Aged under 65.</i>	<i>Aged 65 and over.</i>	<i>All ages.</i>
Sutton Coldfield M.B. .. (Pop. 79,210)	13,679	36,162	49,841	191	4,790	629
Nuneaton M.B. (Pop. 60,920)	12,966	67,904	80,870	236	11,455	1,327
Atherstone/Bedworth Area (Pop. 67,900)	13,665	69,761	83,426	221	11,466	1,229
Eastern Area (Pop. 80,540)	15,062	49,929	64,991	209	5,793	807
North-Western Area .. (Pop. 60,480)	14,252	40,214	54,466	255	8,602	901
Central Area (Pop. 122,190)	13,522	65,130	78,652	124	4,890	644
Southern Area (Pop. 74,010)	17,153	89,368	106,521	265	9,599	1,439
Total (Pop. 545,250)	100,299	418,468	518,767	205	7,542	951

TABLE 41.

SHORT-TERM CASES HELPED IN 1965.

	<i>Number of cases.</i>		<i>Estimated number per 10,000 relevant population.</i>	
	<i>Aged under 65.</i>	<i>Aged 65 and over.</i>	<i>Aged under 65.</i>	<i>Aged 65 and over.</i>
Sutton Coldfield M.B. ..	252	54	35	72
Nuneaton M.B.	76	33	14	56
Atherstone/Bedworth Area..	55	29	9	48
Eastern Area	131	82	18	95
North-Western Area ..	90	31	16	66
Central Area	212	86	19	65
Southern Area	107	41	17	44
TOTAL	923	356	19	64

TABLE 42.

LONG-TERM CASES HELPED IN 1965.

	<i>Number of cases.</i>		<i>Estimated number per 10,000 relevant population.</i>	
	<i>Aged under 65.</i>	<i>Aged 65 and over.</i>	<i>Aged under 65.</i>	<i>Aged 65 and over.</i>
Sutton Coldfield M.B. ..	37	204	5	270
Nuneaton M.B.	35	269	6	453
Atherstone/Bedworth Area..	44	282	7	463
Eastern Area	38	275	5	319
North-Western Area ..	43	151	8	323
Central Area	52	409	5	307
Southern Area	65	461	10	495
TOTAL	314	2,051	6	370

TABLE 43. NIGHT "SITTER-UP" SERVICE.
CASES HELPED DURING 1965.

	Number of Cases.		Total hours provided.
	Short-term.	Long-term.	
Nuneaton M.B.	6	2	688
Atherstone/Bedworth Area	34	5	5,880
Eastern Area	15	—	1,324
Central Area	1	—	8
Total 1965	56	7	7,900
Total 1964	32	30	7,948

TABLE 44. CHIROPODY SCHEME, 1965.

	Patients treated under County Scheme.				Total patients treated.	Total treatments given.
	By direct arrangements with Chiropodists.		Through Voluntary Organisations.			
	At Surgery or Clinic.	At Home.	At Surgery or Clinic.	At Home.		
Sutton Coldfield M.B. ..	393	225	—	—	618	2,898
Nuneaton M.B.	23	—	145	201	369	1,293
Atherstone/Bedworth Area	—	—	298	195	493	1,935
Eastern Area	351	307	48	10	716	2,024
North-Western Area ..	—	—	258	174	432	2,011
Central Area	285	74	123	216	698	1,994
Southern Area	377	63	147	88	675	2,270
Total 1965 ..	1,429	669	1,019	884	4,001	14,425
Total 1964 ..	1,102	596	865	830	3,393	11,720
Total 1963 ..	473	214	1,285	772	2,744	8,747

TABLE 45. NEW CLAIMS FOR NATIONAL INSURANCE
SICKNESS BENEFIT, 1961-1965.

Figures supplied by Ministry of National Insurance Midland Region. Totals cover new claims received by the National Insurance Offices for Sutton Coldfield, Nuneaton, Rugby, Leamington and Stratford-on-Avon.

	Total number of new claims received.				
	1961	1962	1963	1964	1965
March Quarter	21,548	19,999	18,396	20,048	17,037
June Quarter	10,664	12,227	11,857	11,931	12,559
September Quarter ..	9,038	8,784	10,038	10,232	10,717
December Quarter ..	14,005	14,710	13,596	14,434	14,754
Total	55,255	55,720	53,887	56,645	55,067

MENTAL HEALTH.

TABLE 46. ADMISSIONS TO MENTAL HOSPITALS ARRANGED BY MENTAL WELFARE OFFICERS.

<i>Admission arrangements.</i>	<i>Number of Patients.</i>
Compulsory powers under Mental Health Act, 1959	276
Informal Basis	189
Total	465

TABLE 47. NEW CASES REPORTED AS MENTALLY SUB-NORMAL DURING 1965.

<i>Action taken.</i>	<i>Number of Cases.</i>		
	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Admitted to Hospitals	5	3	8
Receiving Community Care Visits ..	39	31	70
Moved away or died during the year..	1	1	2
Remaining under investigation at end of year	3	2	5
Total	48	37	85

TABLE 48. NUMBER OF PATIENTS ASCERTAINED AS MENTALLY SUBNORMAL AT 31-12-65.
(excluding those maintained in or on leave of absence from hospitals).

<i>Category.</i>	<i>Total Ascertained.</i>		
	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Under Guardianship	—	—	—
Receiving Community Care Visits ..	369	376	745

TABLE 49. MENTAL HEALTH SERVICES — ACCOMMODATION.

Accommodation.	Places.		Occupancy, July, 1966.
	Day.	Resident.	
<i>Junior Training Centres.</i>			
Brooke J.T.C., Rugby	50	12 short stay	37
Ridgeway J.T.C., Warwick	50	12 short stay	56
Leyland J.T.C., Nuneaton	50	12 short stay	37
Longmoor J.T.C., Sutton Coldfield ..	50	12 short stay	16
Blythe J.T.C., Coleshill	50	12 short stay	30
			176
New Junior Training Centres are also proposed for Bedworth and Stratford-on-Avon.			
<i>Adult Training Centres.</i>			
Emscote A.T.C., Warwick	60	—	46
Holbrook Avenue A.T.C., Rugby * ..	43	—	31
St. Nicholas Hall, Sutton Coldfield *	12	—	15
Merevale A.T.C., Nuneaton*	36	—	20
			112
* Temporary premises, to be replaced. New Adult Training Centres are proposed for Sutton Coldfield, Nuneaton, Coleshill, Rugby, Bedworth, and Stratford-on-Avon.			
<i>Hostel for Mentally Subnormal Adults.</i>			
Wharf Street, Warwick	—	21 long stay	16
<i>Hostel for Psychiatric Residents.</i>			
Willes Road, Leamington Spa	—	12 short stay	1

COUNTY AMBULANCE SERVICE.

TABLE 50.

DETAILS OF DEPOTS AND MILEAGE, 1965.

Depot.	Staff at 31-12-1965.		Vehicles at 31-12-1965.				Total Mileage 1965.	Total Mileage 1964.
	S/L.	D/Att.	Ambus.	Cars.	Car- Version	Dual- Purpose		
SUTTON COLDFIELD (Supt. E. TOWERS)	3	19	4	2	—	2	132,933	125,665
NUNEATON (Supt. J. P. MELVIN)	3	20	4	1	—	4	133,349	132,023
BEDWORTH. * (Supt. J. P. MELVIN)	1	6	2	1	—	2	59,007	63,577
DORDON (Supt. S. BURNETT)	3	17	3	2	—	3	155,783	182,236
RUGBY (Supt. A. J. BURTON)	3	16	4	1	—	3	131,603	137,209
COLESHILL (Supt. J. H. BOTTRILL)	3	16	4	1	—	2	135,522	140,997
WARWICK (Supt. G. D. WHITING)	3	20	5	—	1	3	169,915	185,365
STRATFORD-ON-AVON (Supt. E. T. SAUL)	3	18	6	1	—	2	169,236	210,129
COUNTY TOTALS	22	132	32	9	1	21	1,087,348	1,177,201

* Sub-depot of Nuneaton. Day-time service only.

TABLE 51.

ANALYSIS OF TYPE OF CASE CARRIED—1965.

COUNTY AMBULANCE SERVICE AND W.V.S. HOSPITAL CAR SERVICE.

Type of Case.	County Service.		W.V.S. Hospital Car Service.	
	Patients.	Mileage.	Patients.	Mileage.
<i>Emergency.</i>				
Accident	6,245	52,097	—	—
Maternity	2,119	30,209	—	—
Others	5,163	65,219	—	—
Total	13,527	147,525	—	—
<i>Non-emergency.</i>				
Hospital Sick	147,870	866,104	5,388	86,806
Maternity	1,419	11,681	—	—
Infectious Diseases	249	2,732	—	—
School children	2,009	10,000	211	2,765
Mental Health Training Centres	4,042	21,817	—	—
Others	699	6,403	—	—
Total	156,288	918,737	5,599	89,571
<i>Non-Patient carrying journeys</i>	—	21,086	—	1,534
Total	169,815	1,087,348	5,599	91,105

FOOD AND DRUGS ACT, 1955.

SECTION 31.

TABLE 52. TUBERCULOUS MILK INVESTIGATIONS—ROUTINE MILK SAMPLES TAKEN FOR BIOLOGICAL EXAMINATION DURING THE YEAR 1965.
NO. OF SAMPLES.

<i>District in which sample was taken.</i>	<i>Number of Samples.</i>	<i>Positive Results.</i>
SUTTON COLDFIELD M.B.	36	—
NUNEATON M.B.	7	—
ATHERSTONE/BEDWORTH AREA.		
Bedworth U.D.	—	—
Atherstone R.D.	17	—
EASTERN AREA.		
Rugby M.B.	10	—
Rugby R.D.	35	—
NORTH-WESTERN AREA.		
Meriden R.D.	15	—
CENTRAL AREA.		
*Leamington Spa M.B.	—	—
Warwick M.B.	7	—
Kenilworth U.D.	4	—
Southam R.D.	23	—
Warwick R.D.	16	—
SOUTHERN AREA.		
Stratford-upon-Avon M.B.	8	—
Alcester R.D.	—	—
Shipston-on-Stour R.D.	30	—
Stratford-on-Avon R.D.	25	—
Total	233	—

In addition, where the phosphatase test failed on pasteurised milk, biological examinations were also made, and these were all negative.

* Samples for this area are taken at source in the Warwick R.D.

TABLE 53. SAMPLES TAKEN UNDER MILK IN SCHOOLS SCHEME, 1965.

<i>Designation of Milk Supplied.</i>	<i>Number of :—</i>				<i>Test failed.</i>		
	<i>Schools.</i>	<i>Suppliers.</i>	<i>Samples.</i>	<i>Unsatisfactory Samples.</i>	<i>Phosph.</i>	<i>Meth. Blue</i>	<i>Meth. Blue and Phosph.</i>
Pasteurised ..	442	43	961	15	—	15	—
Tuberculin Tested/Untreated	1	1	2	—	—	—	—

Total Failures : 1.56% of all school milk samples as compared with 3.27% in 1964.

MILK (SPECIAL DESIGNATION) REGULATIONS, 1963.

TABLE 54.

MILK SAMPLES FROM LICENSED RETAILERS, 1965.

District in which sample was taken.	No. of Samples.			Tests failed.		
	Past- eurised.	Tuberculin Tested/ Untreated.	Sterilised.	Meth. Blue.	Phosph.	Turbidity.
SUTTON COLDFIELD M.B.	(Food & Drugs Acts Authority)			—	—	—
NUNEATON M.B.	(Food & Drugs Acts Authority)			—	—	—
ATHERSTONE/BEDWORTH AREA.						
Bedworth U.D.	55	—	45	2	0	1
Atherstone R.D.	96	1	40	5	0	0
EASTERN AREA.						
Rugby M.B.	(Food & Drugs Acts Authority)			—	—	—
Rugby R.D.	64	1	1	2	0	0
NORTH-WESTERN AREA.						
Meriden R.D.	172	7	86	0	0	0
CENTRAL AREA.						
Leamington Spa M.B.	(Food & Drugs Acts Authority)			—	—	—
Warwick M.B.	65	5	10	0	0	0
Kenilworth U.D.	33	—	—	0	0	—
Southam R.D.	65	1	—	0	0	—
Warwick R.D.	58	6	3	4	0	0
SOUTHERN AREA.						
Stratford-upon-Avon M.B.	75	2	6	4	0	0
Alcester R.D.	42	—	16	0	0	0
Shipston-on-Stour R.D.	32	1	—	0	0	—
Stratford-on-Avon R.D.	133	1	16	0	0	0
Total	890	25	223	17	0	1

Total Samples—1,138.

TABLE 55.

MILK SAMPLES FROM LICENSED PASTEURISING AND STERILISING PLANTS, 1965.

Code No. of Dairy.	No. of Samples :—		No. of Failures.	Test failed :—		
	Past- eurised.	Steri- lised.		Pasteurised.		Sterilised.
				Meth Blue.	Phosph.	Turbidity.
4/1/1	101	49	2	1	1	0
4/1/2	26	—	0	0	0	—
4/3/1	88	—	1	0	1	—
6/18/2	52	—	3	3	0	—
7/7/1	101	—	2	2	0	—
7/8/2	157	—	0	0	0	—
7/16/1	101	—	0	0	0	—
TOTAL	626	49	8	6	2	0

Phosphatase Test : For efficiency of pasteurising process.

Methylene Blue Test : Keeping quality test. Indicates extent of contamination during cooling or bottling and storage temperature of the milk.

Turbidity Test : For efficiency of sterilising process.

Failures : 1.2% compared with 1.8% in 1964.

**BRIEF DETAILS OF COUNTY HEALTH SERVICES AVAILABLE
TO THE GENERAL PUBLIC.**

(at time of going to Press).

BOROUGH AND AREA OFFICES :

BOROUGH COUNCILS WITH DELEGATED POWERS :—		<i>Borough Medical Officer.</i>	<i>Telephone No.</i>
Sutton Coldfield M.B. .. ..	.. ..	Dr. J. R. PRESTON, The Council House, Sutton Coldfield.	Sutton Coldfield 4401.
Nuneaton M.B. .. ..	.. ..	Dr. G. DISON, The Council House, Nuneaton.	Nuneaton 2201.
COUNTY AREAS :—		<i>Area Medical Officer.</i>	<i>Telephone No.</i>
<i>Atherstone/Bedworth :</i> Bedworth U.D. Atherstone R.D.		Dr. E. M. HUGHES, Council Offices, Bedworth.	Bedworth 3061.
<i>Eastern :</i> Rugby M.B. Rugby R.D.		Dr. D. J. JONES, The Lawn, Newbold Road, Rugby.	Rugby 3374.
<i>North-Western :</i> Meriden R.D.		Dr. R. S. McELROY, 2, Park Road, Coleshill.	Coleshill 2331.
<i>Central :</i> Leamington M.B. Warwick M.B. Kenilworth U.D. Southam R.D. Warwick R.D.		Dr. F. D. M. LIVINGSTONE, 38, Holly Walk, Leamington Spa.	Leamington Spa 27284.
<i>Southern :</i> Stratford-upon-Avon M.B. Alcester R.D. Shipston-on-Stour R.D. Stratford-on-Avon R.D.		Dr. J. B. BRAMWELL, County Area Offices, Alcester Road, Stratford-upon-Avon.	Stratford-upon-Avon 5651.

Ambulances.	Usually ordered by medical practitioner or hospital. In " <i>emergencies</i> " only, members of the public may call for an ambulance and any telephone exchange will connect them to the nearest ambulance depot.
Ante-natal and Post-natal Clinics.	The addresses and times of all such clinics are given on page 45.
Child Minders.	Persons having the care of more than two children under five, for reward, must apply to the County Medical Officer of Health or to the appropriate Borough Medical Officer for Registration.
Child Welfare Centres.	The addresses and times of all such centres are shown on page 40.
Chiropody.	This service is offered when available, for expectant mothers, registered handicapped persons, women aged 60 and over, and men aged 65 and over. A small charge is payable except in certain cases. Application should be made to the Borough or Area Medical Officer (address on page 64).
Convalescent Treatment.	A period of recuperative convalescence may be arranged for persons who doctors consider they need it. Patients are required to contribute towards the cost of such convalescence in accordance with their means. Requests for this service must be made by the patient's family doctor or hospital and addressed to the County Medical Officer of Health, Shire Hall, Warwick, or to the appropriate Borough Medical Officer. All requests must be accompanied by brief medical details of the case.
District Nurses.	Cover all districts for nursing the sick of all ages in their own homes. Addresses and telephone numbers are shown in telephone directories under the heading " <i>Nursing Service.</i> "
Health Visitors.	Are appointed to cover all districts, to give advice about the care of mothers and young children and social problems affecting any member of the family. They act as school nurses and T.B. health visitors.
Home Helps.	This service exists to provide help in the home when the mother is ill or is being confined at home, or when required by lone or aged and infirm persons. The charge for this service at present is 4/8d. per hour, but this may be remitted, wholly or partially according to means. Application should be made to the Borough or Area Medical Officer (address on page 64).
Loan of Nursing and sick room requisites.	A wide range of articles is available for loan to households where there is a sick person. Usually the patient's hospital or medical practitioner will arrange any necessary loan, but personal application may be made to the Borough or Area Medical Officer (address on page 64). There is no charge for this service.
Maternity Outfits.	Are supplied in all cases of domiciliary confinement. Midwives distribute them from their stock to all booked cases. Where private midwives are engaged application for outfits must be made to the County Medical Officer of Health, Shire Hall, Warwick, or to the appropriate Borough Medical Officer, and a certificate of pregnancy signed by the patient's doctor must be enclosed.
Mental Health.	Mental Welfare Officers and Social Workers are appointed to cover all districts to assist with arrangements for admission to hospitals and to supervise and advise upon the well-being of the mentally disordered in their own homes. Enquiries should be made of the family doctor, the Mental Welfare Officer, the Borough or Area Medical Officer or the County Medical Officer of Health, Shire Hall, Warwick.

Midwives.	Are appointed to cover all districts for the conduct of home confinements. Addresses and telephone numbers are shown in telephone directories under the heading— <i>"Nursing Service."</i>
Occupational Therapy.	A scheme exists whereby persons confined to bed or to their homes, suffering from injury or illness of some months duration, or from tuberculosis, may be supplied with materials with which to occupy their time in making various articles of their choice. Materials supplied at cost price but may be free in necessitous cases. Enquiries should be addressed to the local District Nurse, the Health Visitor at the nearest Welfare Centre, or to the Borough or Area Medical Officer (address on page 64).
Private Nursing and Maternity Homes.	Persons desiring to open private nursing and/or maternity homes must first apply for registration to the County Medical Officer of Health, Shire Hall, Warwick.
The Illegitimate Child and its Mother.	The Health Committee employs a Social Worker whose duties include the giving of assistance and advice where such is needed by mothers of illegitimate children. An Ante-natal and Post-natal Hostel is also maintained by the Committee in which, in certain cases, mothers may be sheltered for a short time before and, if necessary, after the birth of an illegitimate child. Enquiries should be addressed to the County Medical Officer of Health, Shire Hall, Warwick, at the earliest possible date before confinement is due.
Tuberculosis.	There are Chest Clinics in most Areas of the County. Patients attend these Clinics on the recommendation of their family doctors.
<i>Extra Nourishment for T.B. patients.</i>	Additional supplies of milk, eggs and butter may be supplied free of cost to tuberculous patients who cannot afford to pay for these items themselves. Application for this type of assistance should be made to the Chest Clinic.
<i>Garden Shelters for T.B. patients.</i>	In suitable cases the Health Committee will lend and erect, without charge, an outdoor shelter so that the patient may live almost entirely in the open air. Applications or enquiries should be addressed to the Borough or Area Medical Officer (address on page 64).
Vaccination and Immunisation.	Parents who desire their children to be immunised against Diphtheria and/or vaccinated against Smallpox, Whooping Cough, Tetanus, Poliomyelitis and Tuberculosis, should apply to their family doctor, their nearest Welfare Centre (address on page 40) or to the Borough or Area Medical Officer (address on page 64). Vaccination against Poliomyelitis is available also to expectant mothers and to all persons up to 40 years of age. Applications should be made as for children.
Welfare Foods.	(National Dried Milk, orange juice and cod liver oil). The principal distribution points are the child welfare centres listed on page 40. Information about other distribution points may be obtained from the Borough or Area Medical Officer (address on page 64).
General County Health Services.	General queries not covered by the above should be referred to the County Medical Officer of Health, Shire Hall, Warwick.